DOCUMENT RESUME

ED 264 706 EC 181 355

AUTHOR Zabel, Mary Kay, Ed.
TITLE Teaching: Behaviorally Disordered Youth.
INSTITUTION Council for Children with Behavioral Disorders.
PUB DATE Oct 85
NOTE 46p.
PUB TYPE Reports - Research/Technical (143) -- Guides - Classroom Use - Guides (For Teachers) (052) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Behavior Change; *Behavior Disorders; Behavior Modification; Cognitive Restructuring; Curriculum Evaluation; Elementary Secondary Education; Exercise; *Intervention; Jogging; Organizations (Groups); *Teaching Methods

ABSTRACT

The publication presents five articles dealing with research and methodology for teachers of behaviorally disordered children. In the first paper, R. Gable et al. describe "A Classroom-based Curriculum Validation Process for Teaching the Behaviorally Disordered," which focuses on static and dynamic evaluation of curricular materials. E. Anderson follows with "A.M. Club," in which she documents positive outcomes of a systematic program of running with behaviorally impaired junior high students. In "Paradoxical Interventions: Strategies for the Resistant Adolescent," D. Simon and A. Vetter-Zemitzsch review four paradoxical interventions: symptom prescription, restraining, outpositioning, and reframing. L. Morrow and S. Morrow describe a study of the effectiveness of a cognitive behavior management technique with a multiply-handicapped 12-year-old in "Use of Verbal Mediation Procedure to Reduce Talking-Out Behaviors." In the final paper, K. Phillips provides practical suggestions for "Parents as Partners: Developing Parent Support Groups." (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

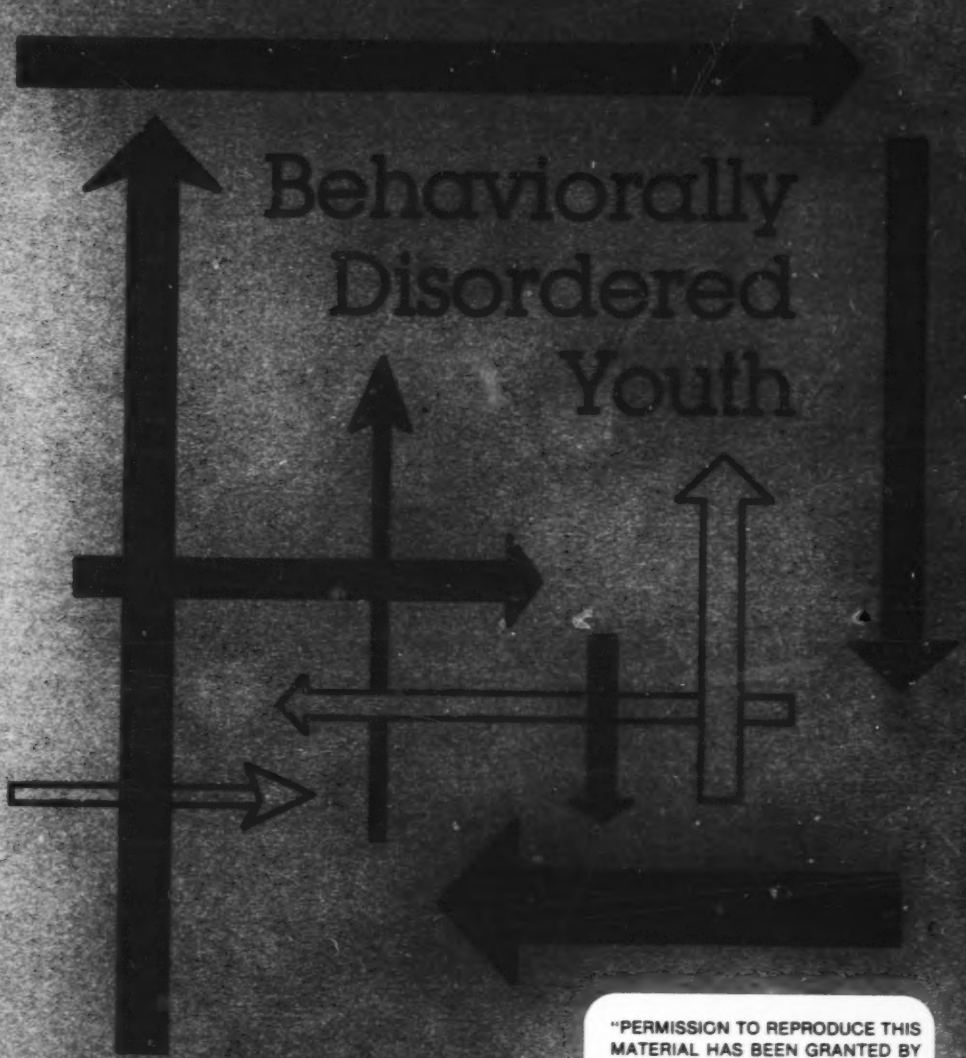
☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED264706

TEACHING:



Behaviorally Disordered Youth

EC 18/355

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C. M. Nelson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

The Council for Children with Behavioral Disorders is a national professional organization for those interested in the education and well-being of behaviorally disordered individuals. The Council functions to develop lines of communication and interaction among professionals, disciplines, and organizations; to promote adequate programs for recruitment, training and consultation; to encourage research and development; to support legislation for services to these children. Toward this end, the Council publishes a quarterly journal, *Behavioral Disorders*, and sponsors national conferences in relation to these interests. An organization of 5,500 members, the Council maintains central offices at 1920 Association Drive, Reston, Virginia 22091.

Teaching: Behaviorally Disordered Youth is a special publication issued by the Council for Children with Behavioral Disorders.

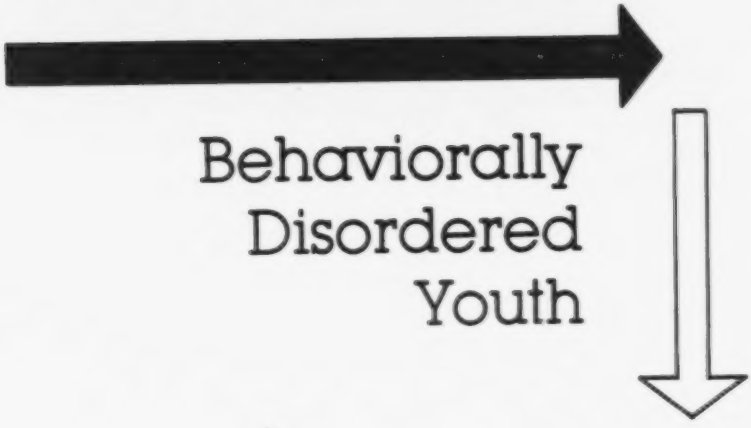
Copyright 1985 by the Council for Children with Behavioral Disorders, of the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091.

Publications Committee

C. Michael Nelson, Chairperson, University of Kentucky
DyAnn S. Glenn, Kyrene School District, Arizona
Jan S. Handleman, Rutgers — The State University
Richard L. McDowell, University of New Mexico
Shirley M. Turnage, Elizabeth City Pasquotank Schools, North Carolina

BEST COPY AVAILABLE

TEACHING:



Behaviorally Disordered Youth

Mary Kay Zabel, Editor

Anne M. Rhodes, Technical Editor

Council for Children with Behavioral Disorders

Contents

From the Editor iii

A Classroom-based Curriculum Validation Process for Teaching the Behaviorally Disordered 1
Robert A. Gable, Jo M. Hendrickson, and Cecil D. Mercer

A. M. Club 12
Evelyn Anderson

Paradoxical Interventions: Strategies for the Resistant Adolescent 17
Dennis J. Simon and Alice Vetter-Zemitzsch

Use of Verbal Mediation Procedure to Reduce Talking-Out Behaviors 23
Lonny W. Morrow and Sue Ann Morrow

Parents as Partners: Developing Parent Support Groups 29
Kathryn M. Phillips

From the Editor

TEACHING: Behaviorally Disordered Youth is the result of the efforts of many people. The idea for a publication that would deal more specifically with research and issues of concern to those in the front line of working with troubled children and adolescents came to several people simultaneously. The plan was discussed and refined during the meetings of the Council for Children with Behavioral Disorders Executive Committee and its Publications Committee. Since CCBD already publishes an excellent journal, *Behavioral Disorders*, there was some question about the need to generate yet another forum for exchange of ideas. However, it was concluded that while *Behavioral Disorders* speaks well to its wide readership including teachers, students, parents, mental health professionals, teacher trainers, and other higher education faculty, a publication dealing specifically with research and methodology for teachers of behaviorally disordered children would be a useful tool.

Having decided that such a publication was to exist, the next step was to determine how to begin. After choosing an editor, a committee of field reviewers was formed, including classroom teachers of behaviorally disordered children (at the preschool, elementary, and secondary levels), administrators dealing with programs for such children at the local and state levels, and higher education faculty members concerned with the training of teachers of behaviorally disordered children and youth. This group provided suggestions for possible contributors, read submitted articles and in many cases provided editorial assistance to the authors, and made recommendations as to which articles should be included in the final publication. Many of them spent long hours on these tasks and their time and care is greatly appreciated.

Articles were received from all areas of teaching behaviorally disordered students. Teachers sent articles describing specific methods used in their classrooms; researchers contributed information on new programing ideas; specific program descriptions were offered. Some articles arrived written in specific APA style, the password to publication in many journals; some were written in a more "conversational" style, a comfortable form of communication. We progressed from early fears that there would be no submissions at all to the realization that difficult decisions would have to be made.

The resulting publication attempts to sample the various topics, methods, and styles that we received. Among the authors are teachers, psychologists, researchers, and administrators. Articles were chosen that provide specific information on interesting methodologies and programs at all levels of teaching — both in terms of curriculum and interactive techniques. It is my hope as editor that readers will find diverse things here — new methods and ideas to try in the classroom, different ways of looking at old problems, and most importantly, a realization that there *are* a lot of us out there in a lot of different places and in a lot of different ways, individually and collectively, *teaching* behaviorally disordered children and youth.

Mary Kay Zabel, Editor
Kansas State University
October 1985

CONSULTING EDITORS

Leslie Averna, Educational Consultant, Unified School District II, Hartford, CT

Sheldon Braaten, Harrison School, Minneapolis, MN

Charlotte Doyle, Continuation School, Manhattan, KS

Zenda Messing, Preschool Day Treatment Center, Menninger Foundation, Topeka, KS

Jane Pelletier, PSA Program, Northview School, Manhattan, KS

Barb Peterson, BI Program, Pound Junior High, Lincoln, NE

Reece Peterson, University of Nebraska, Lincoln, NE

George Sugai, University of Oregon, Eugene, OR

Frank Wood, University of Minnesota, Minneapolis, MN

A Classroom-based Curriculum Validation Process for Teaching the Behaviorally Disordered

Robert A. Gable, Jo M. Hendrickson, and Cecil D. Mercer

ABSTRACT

The difficult task of selecting materials and strategies for meeting the academic needs of students with behavioral disorders confronts all classroom practitioners. Unfortunately, teachers often have had to rely on subjective opinion in making important curricular decisions. This article presents a two-step Classroom-based Curriculum Validation Model which teachers may employ to gain objective measures of a material's instructional worth. First, Curricular Analysis, a static evaluation process, is discussed related to the dimensions of content, measurement, and instruction. Second, steps to conducting a Microteaching Analysis to dynamically assess curricular materials and teaching tactics using student performance data are presented. The importance of the academic learning needs of the behaviorally disordered students in the classroom is stressed.

Historically, the professional literature has been rich in clinical lore on treating children's "emotional disturbances" but short on proven strategies for remediating their learning problems. Compared to the fields of mental retardation and learning disabilities, greater attention has often been given to modifying disruptive/inappropriate behavior at the expense of the academic achievement of children with behavioral disorders (Epstein, Cullinan, & Rose, 1980; Murphy & Ross, 1983). Recently, researchers and practitioners have sought to identify teaching acts that have a predictable effect on learner performance (Gable, Hendrickson, Shores, & Young, 1983). For example, accumulated evidence supports teacher use of praise over criticism (Cantrell, Stenner, & Katzenmeyer, 1977), modeling procedures (Hendrickson & Gable, 1980), group-oriented contingencies (Kerr & Nelson, 1983), peer tutoring procedures (Mercer & Mercer, 1985), and token reinforcement (Kazdin, 1982). Even so, only a relatively modest number of teaching acts have been documented that influence academic behavior of children with learning and behavioral disorders in a consistent and positive manner.

A major obstacle to teaching students with behavioral disorders is that maladaptive behaviors are but one aspect of a multiplicity of characteristics linked to behaviorally disordered students. Academic underachievement or marked inability to learn is another significant factor (Bower, 1969; Stephens, 1977). While Kauffman (1984) and others have noted that poor academic achievement often co-occurs with school behavior problems, relatively little attention has focused on improving academic functioning as a main priority with behaviorally disordered students (Epstein et al, 1980). Practitioners remain ill-equipped to meet the diverse curriculum and instruction needs of behaviorally disordered students.

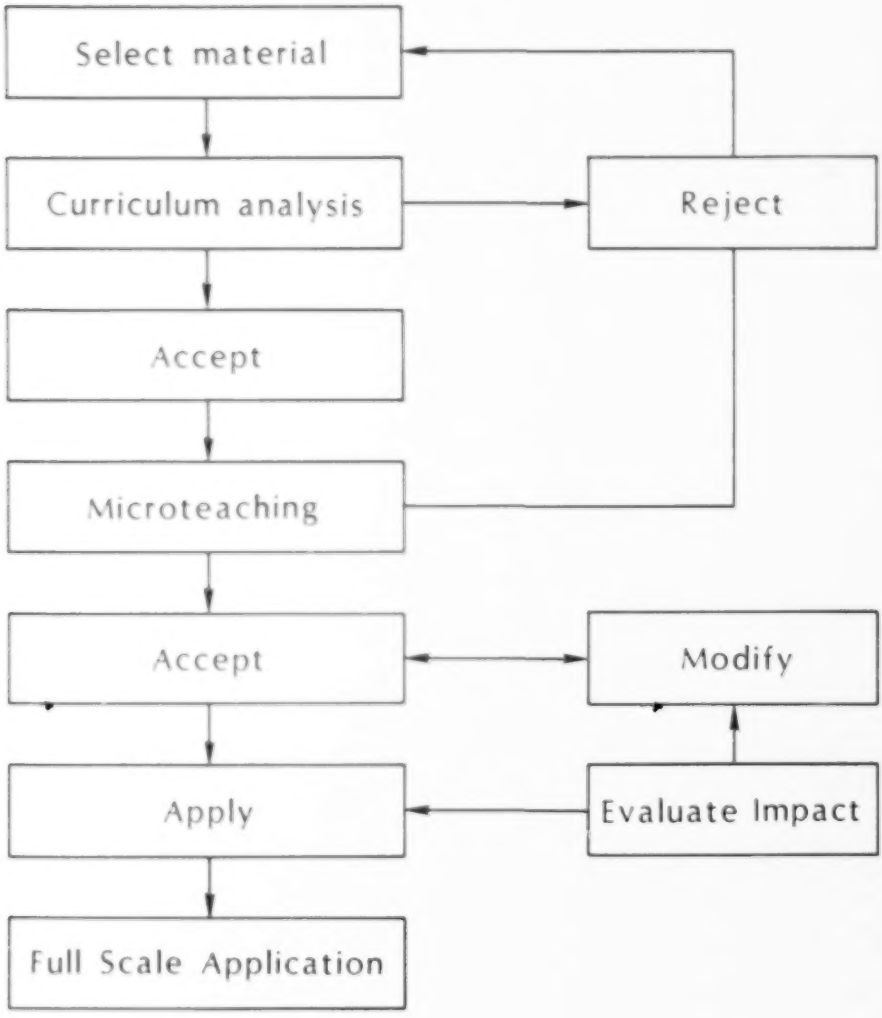
As defined by Kelly and Vergson (1978), curriculum is a systematic arrangement of content, activities, and materials of instruction with the aim of preparing students to learn effectively. In comparison, instruction relates to the methods, strategies, and practices educators use to facilitate the acquisition of content or skills (Stephens, 1977). Typically, preservice teacher training programs have emphasized *process/instruction* — behavior and instructional management procedures over *tools* — materials selection, management, and implementation (Gable, Hendrickson, & Young, 1984). Additionally, few commercially-

This manuscript was supported in part by the University of Florida Multidisciplinary Diagnostic and Training Program (Project No. 011-9084-500), a component of the Florida Diagnostic and Learning Resources System (FDLRS), funded by the Bureau of Education for Exceptional Students, Florida State Department of Education. Address correspondence to the first author.

produced materials (tools) have been validated with the behaviorally disordered (D'Alonzo, 1983). Consequently, teachers often rely on curriculum materials that do not match the educational needs of their students (e.g., D'Alonzo, 1983; Gable et al., 1984; Stephens, 1977).

The purpose of this article is to advocate the use of (a) *Curricular Analysis* and (b) *Microteaching Analysis* for determining the worth of curricular materials for instructing behaviorally disordered children. Curricular Analysis and Microteaching Analysis can be viewed as similar to the process of static and dynamic evaluation (Wiederhold & McNutt, 1977). Previously, Wiederhold and McNutt (1977) presented evaluation as a two-fold process: (a) step-by-step inspection of material based on predetermined guidelines, and (b) classroom application to obtain instructional validation information. In the present discussion Curricular Analysis represents a form of static evaluation, whereas Microteaching Analysis is the dynamic evaluation process.

Figure 1. *Classroom-based Curriculum Validation: A Decision-making Model*



CLASSROOM CURRICULUM VALIDATION

Figure 1 presents a flow chart of the fundamental decision-making process in a Classroom-based Curriculum Analysis. Analysis begins with selection of the material(s) followed by a Curricular Analysis.

A Curricular Analysis may lead to acceptance or rejection of a material. If the material is acceptable at the static analysis level, Microteaching Analysis is introduced. Microteaching is used to assess curricular materials or the worth of teaching tactics in relation to materials. Both uses of Microteaching are illustrated in later discussion. If a material is rejected subsequent to Curricular Analysis or Microteaching, it is likely to be of little instructional benefit to the classroom teacher.

STATIC EVALUATION: CURRICULAR ANALYSIS

Face Validity

The materials marketplace contains over 300,000 commercial products designed to make an attractive and appealing impression on consumers. Determining if a particular curricular material will have instructional utility in the absence of valid selection criteria poses a major dilemma for teachers of the behaviorally disordered (D'Alonzo, 1983). Traditionally, the quality and applicability of instructional materials has been judged subjectively — mainly in reaction to testimonials of colleagues and advertisements in professional journals (Ysseldyke & Algozzine, 1982).

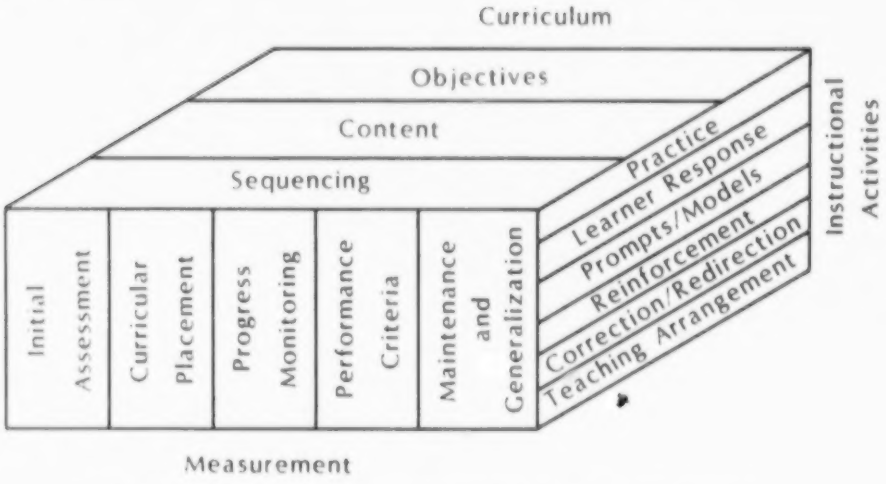
Experienced special educators will attest that caution must be exercised in selecting instructional materials. While many materials may seem to have face validity — teach what they purport to teach — they fall short of this expectation once put into classroom use. That teachers are disappointed in advertised materials is not surprising since less than 1% of published materials have been field-tested and documented to be effective with specal needs children (Stowitschek, Gable, & Hendrickson, 1980). The bulk of publishers' claims simply are not substantiated once teachers apply the materials in classroom contexts.

Curricular Analysis. One strategy designed to strengthen and add a measure of objectivity to evaluating curriculum materials is to conduct a Curricular Analysis. A Curricular Analysis consists of critically reviewing materials along three major dimensions — content, measurement, and instruction (Stowitschek et al., 1980). Research and experience have shown that each of these dimensions has a significant influence on the usefulness of curriculum materials. Figure 2 depicts the Curricular Analysis Model with the dimension of *Curriculum* presented on the top side of the figure, *Measurement* on the face side, and *Instructional Activities* shown on the righthand side. Each dimension is subdivided into the most important variables upon which to focus when assessing a material.

Curricular Analysis is the first step in Classroom-based Curriculum Validation. In a Curricular Analysis *content, measurement,* and *instruction* are sliced into subelements. Subdividing materials into smaller elements facilitates assessment. For example, the dimension of *content* (curriculum) can be analyzed in relation to (a) objectives, (b) subject matter, and (c) instructional sequence. *Measurement* can be assessed according to (a) initial assessment, (b) curricular placement procedures, (c) pupil progress monitoring procedures, (d) performance criteria, and (e) maintenance and generalization measures. *Instruction* can be evaluated by (a) teacher antecedent behavior (e.g., prompts, instructions), (b) teaching subsequation behavior (e.g., corrective feedback), (c) the relation/ratio of these to student responding (e.g., teaching arrangement), and (d) learner responses (e.g., practice).

Since Curricular Analysis is a static evaluation procedure it can be conducted at any time or at any place convenient to the teacher. First, the teacher constructs (or copies) a list of material characteristics (i.e., subelements) related to the broad dimensions of content, measurement, and instruction. Figure 3 presents a sequence of steps which parallels the Curricular Assessment Model. Teachers may copy the sequence shown in Figure 3 to use as a Curricular Analysis checklist. To conduct a Curricular Analysis the teacher reviews the material and checks off the presence of each subelement. After each *acceptable* compo-

Figure 2. *Curricular Analysis Model*



Adapted from Gable, Hendrickson & Lyon (in press).

nent in the material has been checked and the number of acceptable components counted, the initial step of conducting a Classroom-based Curriculum Validation is nearly completed.

At this point it is possible to estimate the validity of a material by calculating a percentage score based on the formula: number of acceptable components/number of total components x 100. A score of 90%, for example, would mean that 90% of the elements and subelements are present and appear to be adequate. A 70% would signal that a material is "questionable" and that adaptations would most likely be required. Finally, scores below 50% would indicate a substantially deficient curriculum material. In Figure 3, 17 of 19 items were considered adequate (i.e., met the criterion of teacher acceptability). That is, approximately 90% of the components of the material were acceptable. Some degree of revision appeared to be needed for 4 components (80%). In this case, the teacher would have confidence in the "face validity" of the material. On the other hand, the teacher would know before beginning a Microteaching Analysis that certain modifications are necessary. For instance, in Figure 3 not all the components of Measurement were judged to be appropriate. Consequently, if the teacher is interested in maintenance and generalization, probes will need to be devised prior to conducting a Microteaching Analysis. In addition, the teacher is already aware that steps in the curriculum may need to be revised.

Clearly, the percentage score obtained after conducting a Curricular Analysis is a global score meant to serve as a guide in the decision-making process. The components on the checklist do not carry equal weight in facilitating learning or in the amount of time and effort required to make adaptations. Nonetheless, the score lends a degree of objectivity to judging the validity of a curriculum material. Through Curricular Analysis the teacher is able to "zero in" on specific components of a material and ascertain which are missing or appear to need revision. For example, the teacher may find that a material has prohibitive prerequisites, inappropriate subject matter, or other features that mitigate against classroom adoption. Results of the Curricular Analysis may conflict with publisher claims. Readability level, for instance, may turn out to be too high, too low, or too inconsistent for the students to be instructed. Since readability is an important factor in selecting curricular materials and substantial variability exists in published materials, it is suggested that teachers administer a reading index before accepting or rejecting a material. For many teachers the Fry Readability Index (1969) has proven to be a simple, reliable means of identifying reading level.

Figure 3. *Curricular Analysis Checklist*

Name of Material: Math Magic

Reviewer: Mrs. L. M. Happie Date: October 9

DIMENSIONS & SUB-ELEMENTS	Present	Revise	Absent
CURRICULUM			
Objectives	✓	X	
Subject Matter (Content)	✓		
Acquisition	✓		
Maintenance	✓	X	
Generalization	✓	X	
Sequence	✓		
MEASUREMENT			
Initial Assessment	✓		
Pre-Posttest	✓	X	
Curricular Placement	✓		
Progress Monitoring	✓		
Maintenance Probes			✓
Generalization Probes			✓
Visual Data Display	✓		
INSTRUCTIONAL ACTIVITIES			
Practice	✓		
Learner Response	✓		
Prompts/Models	✓		
Reinforcement	✓		
Correction/Redirection	✓		
Teaching Arrangement	✓		
Total:	17/19	4/19	2/19
Percent:	≈ 90%	≈ 20%	≈ 10%

In all, a Curricular Analysis is a static evaluation process that can yield important clues for determining whether or not a material warrants a closer look (i.e., a dynamic analysis). (Readers interested in a fuller discussion related to static materials assessment and criteria for determining whether or not to adapt materials are referred to Anderson, Greer, and Odle, 1978, Edwards, 1980, Lambie, 1980, and Stowitschek et al., 1980.)

DYNAMIC EVALUATION: MICROTEACHING

Teaching in the content areas is usually accomplished by means of conventional instructional materials. Indeed, it would be foolhardy for teachers to attempt to compile and/or

construct comprehensive subject-matter material to teach social studies, history, geography, or other subjects. Nonetheless, faced with a proliferation of published materials and little or no evidence of their effectiveness with behaviorally disordered students (D'Alonzo, 1983), practitioners are wise to determine the relative worth of a material through classroom application (i.e., a Microteaching Analysis). After conducting a Curricular Analysis to differentiate potentially adequate from inadequate materials, the more promising materials should be submitted to dynamic evaluation. For this step it is suggested that materials be obtained from publishers for examination on 30-day approval.

Outcome Validity

The second step in Classroom-based Curriculum Validation — Microteaching — consists of "scaled-down" teaching episodes using a selected material (Gable & Hendrickson, 1979). Unlike Curricular Analysis, Microteaching Analysis is a dynamic process in which the teacher, students, and materials interact. Typically, in a Microteaching Analysis a "multiple applications" approach with a preestablished format is recommended. Parameters are set to the Microteaching format by specification of (a) number of trials, (b) a period of time, or (c) the time needed to reach a preselected criterion. Often teachers will have more than one curricular material to assess. The Microteaching process can be very useful in determining the "better or best" materials. Microteaching can be employed to assess the benefits of *material x* over *material y* or the efficacy of *procedure p* over *procedure q*.

In sum, Microteaching is a limited application of a curricular material (or teaching procedure) intended to simulate the conditions of actual classroom use and provide student performance data (see Figure 4).

Figure 4. *Microteaching Steps*

Step 1. Select sample of students

Step 2. Select comparable subunits of material or instructional procedures

Step 3. Select measurement system

Step 4. Devise test procedure

Step 5. Carry out instruction — "counterbalancing" presentation

Step 6. Conclude instruction

Step 7. Interview students

Step 8. Conduct follow-up evaluation

The 8 basic steps to conducting a Microteaching Analysis are described as follows:

Step 1. Select a representative sample, usually 3 to 5 students who need the skills to be taught.

Step 2. Select comparable subunits from each curricular material to be assessed. Most materials are organized in a sequential hierarchy of skills ranging from simple to complex. Select materials (skills) that are at comparable points in the hierarchy. A limited number of subskills should be sufficient for assessing and comparing the overall value of different materials.

Step 3. Select a metric that will allow comparisons between materials (e.g., percent of correct spelling words, rate correct per minute on double-digit addition problems).

Step 4. Develop probes (or testing procedures) that will facilitate gathering data on learner responses in *material x* and *material y*. Probes can be administered (a) immediately following instruction, or (b) 24 or more hours later. Probes should be consistent along the dimensions of number of items, time allowed, type of pupil response (i.e., oral or written), teacher directions, and time and location of administration.

Step 5. The order in which materials are introduced should be varied systematically to

yield reliable measures of pupil performance. Instruction may be carried out by alternately applying *material x* and *material y* on *skill a* and *skill b*. Providing *skill a* and *skill b* are comparable, student performance on probes can then be judged against each other. Again, the subskills being taught should be different but comparable to avoid the possibility that learning from *material x* will influence test performance on *material y*. The teacher may alternate materials usage from session to session or by blocks of sessions. For example, *material x* may be used on alternating days or alternating blocks of 3 consecutive days. The length of each instructional period should be kept brief (e.g., 5 to 15 minutes).

Step 6. Conclude the Microteaching Analysis when a large enough pool of data is gathered to make an objective decision on the comparative worth of *material x* versus *material y*. Usually 3 to 5 days of data collection are recommended, but this decision may be influenced by factors such as the discrepancy between student performance in different materials, difficulties encountered during implementation, and student attention and conduct during Microteaching.

Step 7. Interview the students, formally or informally, to elicit their opinions and obtain reasons for their stated preferences of curricular materials.

Step 8. Administer follow-up probes (after discontinuing instruction) to obtain a measure of the differential effects each material had on the maintenance of skills. Under certain conditions, it is possible to measure generalization of new skills by observing student performance in related subject-matter areas (e.g., new spelling words incorporated into written assignments and facts applied in math word problems).

Viewed together, the 8 steps of Microteaching reveal the potential effectiveness of curricular materials, and their differential impact on the acquisition and durability of new knowledge. The process provides student performance data that are more reliable and predictive than a static, Curricular Analysis alone will yield. However, a Curricular Analysis is complementary to and bolsters Microteaching by providing "clues" to the kind of modifications that may be required to improve a curricular material. A Curricular Analysis also enables the teacher to gain an overall perspective on the dimensions of the curriculum material. By first acquiring objective data on the curricular material through a Curricular Analysis and then classroom use, we eliminate the need to rely on best guesses, subjective opinions, or advertisements in the selection of educational materials. Although Curricular Analysis and Microteaching require an investment of time and effort, they minimize the risk of falling prey to unsubstantiated publishers' claims or reliance on instructional materials that fail to produce desired academic gains.

Microteaching and instructional strategies. As previously discussed, a Microteaching Analysis can be employed to assess *curricular materials* or *teaching tactics*. Teachers of the behaviorally disordered routinely select teaching procedures to accompany materials usage and to carry out academic instruction. In some situations, the factor critical to successful instruction appears to be the teaching tactic more than the curricular material. In these instances, the actual impact of a given teaching tactic can be assessed through a Microteaching Analysis. The following illustrates a *multiple trials* approach to evaluating the effect of two teaching strategies: namely, a corrective feedback procedure versus an error-ignoring procedure.

Before assessment of the two strategies begins (i.e., before instituting Microteaching), the content of instruction is chosen. In the example presented, spelling of previous erred Dolch words was selected. Two sets of 10 randomly chosen words were compiled, one set to be taught under each of the two teaching procedures. Next, the teacher operationally defined the procedures to be assessed or validated. To help in future selection of teaching strategies, a permanent record of the experience with these strategies is maintained. A permanent record may simply involve the use of index cards. For example, Figure 5 contains an index information card on the corrective feedback procedure. It contains a precise description of the teaching strategy, the instructional objective, student performance level(s), and the evaluation procedure. A notation of other relevant information (e.g., student performance, any changes made in the procedure) is also entered on the card.

Figure 6 shows the error-ignoring teaching procedure. Error-ignoring was used with a second set of spelling words. Three students were selected to participate in the Microteach-

ing Analysis experience under each teaching procedure. Information corresponding to that entered on the first teaching strategy, corrective feedback, is recorded on this second card. The teacher then compares the two strategies and selects to use the strategy that produced better results on a large scale (classwide) basis.

Examination of Figures 5 and 6 reveals that procedure 2 led to more learning, a total of 24 compared to 17 words correct for procedure 1. In procedure 1, students learned 5, 2, and 10

Figure 5. *Sample Microteaching Information Card: Corrective Feedback*

Microteaching Information Card

Name of Strategy: Corrective Feedback **Curricular Area:** Spell

Number of Students: 3

Objective: When 10 Dolch words presented individually, S spells each w/100% accuracy.

Student Performance Level: Early Acquisition

Strategy Implementation: Model correct spelling, then S spells (written): "No, _____ is spelled _____." Praise corrects. 3x/word

Evaluation Procedure: Probe all words 1x after each session. No feedback, count # correct. Assess errors letter x letter. Limit to 3 teaching days.

Evaluation of Strategy: 17 words learned: 5, 2, 10 $\bar{x}$ 2.6; high variability; 2 children cried after making mistakes; I was uncomfortable correcting the children. * Reduce # words per day, add new word as one is mastered.

Name: Mrs. J. M. Happie **Date:** October 13

words, respectively, whereas under procedure 2, students learned 7, 9, and 8 words. Also, less variability was noted in the performance of the individual children with procedure 2. This is a particularly important consideration for teachers of behaviorally disordered students. Less variability is desirable because:

1. It has a positive impact on teacher perception of change (e.g., a common complaint is that student performance is not consistent from day to day);

Figure 6. *Sample Microteaching Information Card: Error Ignoring*

Microteaching Information Card

Name of Strategy: Error Ignoring Curricular Area: Spell.

Number of Students: 3

Objective: When 10 Dolch words presented individually, S spells each word 100% accuracy.

Student Performance Level: Early Acquisition

Strategy Implementation: Model correct spelling then child spells (written); Ignore errors. Praise corrects. 3x/word

Evaluation Procedure: Probe all words 1x after each session. No feedback Count # correct. assess errors letter x letter. Limit to 3 teaching days.

Evaluation of Strategy: 24 words learned: 7, 9, 8 $\bar{x} = 8$; all children's progress steady. The children and I enjoyed the sessions. * after a child misses a word 3 days, only practice words erred. Praise additional letters correct on difficult words.

Name: Mrs. L. M. Happie

Date: October 15

2. It demonstrates better stimulus control (i.e., the strategy and not some other factor is influencing student performance); and

3. It can be related easily to projections of future performance (e.g., if a steady 5-day trend shows improvement of 20%, day 10 should be fairly predictable). Ultimately, each card is placed in a permanent card file so the effects of the procedures can be retrieved at any time.

Dynamic evaluation and time-to-mastery. Most practitioners recognize that the majority of behaviorally disordered students are academically deficient (Kauffman, 1984; Murphy & Ross, 1983) and that introducing conventional materials and teaching strategies may not lead to desired educational outcomes. A factor closely associated with achieving academic success among behaviorally disordered students is *time-to-mastery*. In the concept of time-to-mastery, the pace at which content is covered and rate of learning are important ingredients. By considering time-to-mastery when assessing a curricular material or a teaching strategy, the predictive power of Microteaching can be improved. Indeed, an effectiveness/efficiency ratio can be calculated by evaluating the total amount of time required to achieve mastery performance. Obviously, the material or strategy that leads to greater academic progress and requires the least teacher preparation is more efficient and preferable.

In sum, Microteaching represents a practical way to accomplish curriculum validation prior to committing a large investment of time or money to a selected material. First, it allows teachers to try out a curricular material or instructional strategy. Second, it allows the teacher to discover the kinds of modifications necessary for instruction to be successful. If a given material (or strategy) appears to require major modification to improve its efficacy, selecting a different material or an approach to material's revision based on objective data is reassuring. Microteaching can serve as a yardstick for selecting the most promising *tools* or *processes of instruction* (Gable & Hendrickson, 1979). Further, a Microteaching Analysis is efficient in that students are engaged in academic learning during the assessment process.

CONCLUSION

Within the past decade substantial gains have been made in refining "best practices" for modifying classroom behavior problems (see Kerr & Nelson, 1983). Unfortunately, less has been accomplished in promoting "best practices" aimed at the academic functioning of behaviorally disordered students (Epstein, et al., 1980). To address this problem, an approach that emphasizes the academic achievement of children with behavioral disorders and the use of emerging educational technology to select the best curricular materials and methods has been offered.

Guidelines for use by practitioners attempting to improve the academic and learning skills of behaviorally disordered children were presented. Specifically, a Classroom-based Curriculum Validation Model consisting of a two-step evaluation process for determining the potential worth of any curricular material was discussed. The first step is a static evaluation involving Curricular Analysis, whereas the second step is dynamic evaluation and involves a Microteaching Analysis. Curricular Analysis provides an indepth look at a material's face validity; a Microteaching Analysis supplies the teacher with student performance data or outcome measures of instructional validity.

While a complete technology for assessing curriculum materials in the classroom is not available, the Classroom-based Curriculum Validation Model presented is a useful tool for discovering materials and methods to strengthen academic functioning. Still, Curricular Analysis and Microteaching procedures can be used to screen and to gain objective information on those materials which are best suited for instructing behaviorally disordered students. In that effort, teachers will gain reliable, objective, data-based measures that will enable making sound curricular decisions.

REFERENCES

Anderson, R., Greer, J, & Odle, S. (Eds.). (1978). *Individualizing educational materials for special children in the mainstream.* Baltimore: University Park Press.

Bower, E. (1969) *Early identification of emotionally handicapped children in school* (2nd ed.). Springfield, IL: Thomas.

Cantrell, R., Stenner, D., & Katzenmeyer, W. (1977). Teacher knowledge, attitudes, and classroom teacher correlates of student achievement. *Journal of Educational Psychology, 69,* 172-179.

D'Alonzo, B. (Ed.). (1983). *Educating adolescents with learning and behavior problems.* Rockville, MD: Aspen.

Edwards, L. (1980). Curriculum modification as a strategy for helping regular classroom behavior-disordered students. *Focus on Exceptional Children, 12*(8), 1-11.

Epstein, M., Cullinan, D., & Rose, T. (1980). Applied behavior analysis and behaviorally disordered pupils: Selected issues. In L. Mann & D. Sabatino (Eds.), *Fourth review of special education.* New York: Grune & Stratton.

Fry, E. (1969). The readability graph validated at primary grades. *The Reading Teacher, 22,* 534-538.

Gable, R., & Hendrickson, J. (1979). Teacher's feedback: It's use and impact on learner performance. *Journal of Special Education Technology, 3*(1), 29-35.

Gable, R., Hendrickson, J., Shores, R., & Young, C. (1983). Teacher-handicapped child classroom interactions. *Teacher Education and Special Education, 6*(2), 88-95.

Gable, R., Hendrickson, J., & Young, C. (1984). Naturalistic observation of teacher behavior in classes for the learning and behavior disordered. In R. B. Rutherford & C. M. Nelson (Eds.), *Severe behavior disorders of children and youth* (Vol. 7, pp. 20-27). Reston, VA: Council for Children with Behavioral Disorders.

Hendrickson, J., & Gable, R. (1980). Academic skill development: The promise of modeling strategies with behavior disordered children. In R. B. Rutherford, A. G. Prieto, & J. E. McGlothlin (Eds.), *Severe behavior disorders of children and youth* Vol. 3, pp. 101-107). Reston, VA: Council for Children with Behavioral Disorders.

Kauffman, J. (1984). *Characteristics of children's behavior disorders* (3rd ed.). Columbus, OH: Merrill.

Kazdin, D. (1982). The token economy: A decade later. *Journal of Applied Behavior Analysis, 15,* 431-445.

Kelly, L., & Vergason, B. (1978). *Dictionary of special education and rehabilitation.* Denver: Love.

Kerr, M. M., & Nelson, C. M. (1983). *Strategies for managing behavior disorders in the classroom.* Columbus, OH: Merrill.

Lambie, R. (1980). A systematic approach for changing materials, instruction and assignments to meet individuals needs. *Focus on Exceptional Children, 13*(1), 1-12.

Mercer, C., & Mercer, A. (1985). *Teaching students with learning problems* (2nd ed.). Columbus, OH: Merrill.

Murphy, L., & Ross, S. M. (1983). Student self-control as a basis for instructional adaptation with behaviorally disordered children. *Behavioral Disorders, 8,* 237-243.

Stephens, T. (1977). *Teaching skills to children with learning and behavior disorders.* Columbus, OH: Merrill.

Stowitschek, J., Gable, R., & Hendrickson, J. (1980). *Instructional materials for exceptional children.* Rockville, MD: Aspen.

Ysseldyke, J., & Algozzine, B. (1982). *Critical issues in special and remedial education.* Boston: Houghton Mifflin.

Wiederholt, J., & McNutt, G. (1977). Evaluating materials for handicapped adolescents. *Journal of Learning Disabilities, 10,* 11-19.

Robert A. Gable, Associate Professor of Special Education, Darden School of Education, Old Dominion University, Norfolk, Virginia 23508-8508

Jo M. Hendrickson, Assistant Professor of Special Education, University of Florida, Gainesville, Florida 32611

Cecil D. Mercer, Professor of Special Education, University of Florida, Gainesville, Florida 32611

A.M. Club

Evelyn Anderson

ABSTRACT

The use of physical exercise has been proposed as an intervention technique helpful to all children including those with behavioral problems. This article discusses one teacher's use of a systematic program of running used with behaviorally impaired junior high school students.

The information came rushing into my head and tumbled into a box marked, "Yep, that's right!" And inside, a little figure clapped her hands and jumped up and down with excitement. Therapeutic jogging for behaviorally impaired kids: Whoopee — what a right idea!

It was the last presentation on the last day of the September conference held in Minneapolis, Minnesota entitled "Programming for the Developmental Needs of Adolescents with Behavior Disorders." And before a group of people just like me stood a young man from Florida, just like us, telling us how he took his behaviorally impaired kids out into the Florida sunshine every day to run. Even the temporary vision of a Nebraska blizzard did not calm the inner excitement. I had a momentary glimpse of kids clad in gym shorts and roped together so they would not become lost, running in a snowy whiteout. I thought, "Never mind, that's a point which can be worked out." And A.M. Club was conceived.

The young man before us stressed a few points. He said to eliminate competition whenever possible. This made sense. Why create another situation where someone would lose? These kids already have enough exposure to losing. And get this! He said you could expect a reduction in talking-out behaviors in the classroom as a result of this program. The general education teachers would be ecstatic if that worked. And he did pass the criteria for being an expert — he lived more than 50 miles from where I live.

Planning

When I returned to my school it was time to make a move — check out the receptiveness to the idea of the building Principal and the Superintendent, and the next time the Special Education Director asked, "What's new," tell her.

The administrators were receptive *and* supportive. We began to consider the when, where, and how aspects of a program. It was suggested that we might consider running the 3-story stairs in our junior high building before school each morning. But it seemed to me that I remembered my son's tennis season and how they called running the stairs the suicide run! Since I assumed I would be participating also, I ruled that out. Jogging was going to be difficult enough on the flat Nebraska land. So as a concession to myself, I did not choose the 3 flights as the site. How about the grassy lot across the street from the junior high each morning? But these kids have enough trouble with peer relations without adding being a spectacle. A.M. Club was having labor pains.

The site finally selected was the YMCA, a new facility with a running track. Later when the weather was nice, we could use a park. The YMCA was an excellent choice because of the association with persons who are serious about physical activity, and with the new location outside of the school setting came the possibilities of a new set of behaviors. The YMCA consented to allow us to use the facility at no cost.

Transportation by van was arranged on Monday, Wednesday, and Friday from the school building to the YMCA and back to the school site when we finished at 8:20 a.m. in time for first period class. For those kids who are habitually late to school this added a new dimension for being on time. The bus does not wait for anyone at 7:30 even if they are a block away. And later when we met with the parents to write the plan into the IEP, we suggested they place the alarm clock in the student's room and not assume any responsibility for getting the student up in the morning.

The local runners with whom I talked spoke about the joy of running, the runners' high,

the inside thrill. With these kids, I might address these lofty issues later; in the meantime, they needed a tangible reward, something they could hold in their hand, carry with them, or put on the refrigerator at home. Like other kids, my students seldom entered into a commitment where there are rewards, seldom joined a club, seldom participated in extra-curricular activities. And then I remembered how our own sons at home treasured every ribbon they ever earned.

Ribbons! Any kid works for a ribbon. So design a ribbon with the club logo and for every three attendances present them with a ribbon. On the back print their name, the date it was earned, and the number of ribbons earned to that date. After they earn 8 ribbons, they earn a T-shirt with the club logo on the front. We were recognizable. A.M. Club had an identity.

Now all that was needed were the young people. It seemed important to build the desire to belong. It was important to start with a small number of students who *wanted* to be a part of the group. So we started to talk about the concept with a few kids we thought might have a possibility of being receptive to the idea of physical exercise, who might have the best chance of getting up in the morning, and who had the best chance of making a commitment because of their relationship with us. We talked about going to the YMCA, about the logo, about the ribbons, and showed them the ribbons after they finally arrived from the printers. All we needed were 2 to 4 kids, and when we were ready to start we had 4 students who couldn't wait to belong. A.M. Club had the possibility of commitment.

The biggest concern was how to structure the program to decrease inappropriate behaviors such as fighting or leaving the exercise area, or problems in the shower room and during the van trip when students were not under our direct supervision. In the center of all the issues, how do we foster appropriate behaviors, a feeling of helping others, of being part of a team effort and giving encouragement? And how would we get kids to work on improvement of physical condition? To address part of these questions, we wrote into the IEP three rules tied to a reward which would act as an incentive.

1. No physical fighting or namecalling.
2. Stay in the designated area.
3. Continuous forward movement during the 12-minute exercise period.

If all the members followed the rules for 2 weeks, 6 meeting days, we would have breakfast together at McDonald's on the second Friday on the way back to school.

We met with parents and students in a group to explain the project and obtain signatures on the IEPs. A.M. Club was born.

As I write this, after several months the following facts can be stated: Of the 4 original members, 3 have never missed; our group now numbers 12 students; 3 of the members have signed up for the 8th grade track team. We have both 7th and 8th grades represented in the group of both boys and girls. Most of the students will participate in the YMCA 2-mile run later this month. And students are actively engaged in encouraging others in the group. They can be seen running in pairs, with one behind the other running at his shoulder saying, "Come on, one more lap."

"Are we going to do this in the summer?" "How about next year?" And good humor abounds. One boy wore his ribbons pinned across the back of his running shorts and they waved in the wake of his long, easy stride. And one day, as we discussed the 2-mile run over breakfast, they naturally assumed I would run too — somehow I had not expected to be held accountable for this 2-mile ordeal beginning at noon on a Saturday; 18 eyes silently looked at me waiting for an answer. Quite honestly, I hate doing anything I can't do well and making a 2-mile run falls into the impossible range. The long silence was difficult to endure. I was being held accountable by a very select group. They outwaited me. I finally said, "I have the best chance of all of us of coming in last. So I'll expect every one of you to be waiting for me at the finish line." Long silence, finally broken by one voice, "Mrs. A., I won't be there," another long pause ending with a smiling voice saying, "My mom makes me go to bed at 10:00 at night." Commitment? A.M. Club is alive. A.M. Club holds promise.

Don't get the idea that this project has been without problems. How could anyone who doesn't even walk for pleasure possibly assist kids in a jogging program? Won't everything loose in the locker rooms at the YMCA disappear when these kids start coming here? Who

thinks kids who have problems showing up at school on time will appear one hour earlier? How can such a tight schedule be observed? And since we wanted some baseline data collected, what kinds of behavior should be observed and recorded? How do we function when transportation is promised and withdrawn and happily, reinstated again? Who pays?

I am not naive enough to believe a program such as A.M. Club is appropriate for every student with behavior problems nor do I believe there is a "magic cure" which comes for those students who participate. This program is only one small part of a larger, comprehensive program tailored to the specific needs of our students.

But let me tell you, there is real joy in this small group. We watch as students wear with pride their A.M. Club shirts to school. We hear parents speak of the commitment their child shows to the group and to their own self-improvement. And I smile as I listen to a student tell of how he will enter a 10K run next month because he believes — he knows — he can cross the finish line.

Most of this was made easier because about half way through the planning a fellow teacher volunteered to become part of the project, the commitment of a friend, the promise of A.M. Club.

EPILOGUE

Since the above was written, one major event occurred. The original glimpse of running in a blizzard came true. On March 26, 1983, 5 of my students gathered with me at the YMCA with 83 other runners. The 6 of us registered for the 2-mile event, pinned our black and yellow numbers to our clothes, and stood in awe as these serious people around us rubbed their bodies with vaseline, discussed the best suits for snow running, and strategies for running in cold weather. Outside the weather was awful, near-freezing temperatures; heavy snow was coming down after a night of rain, and about 4 inches of slush on the streets splashed upward about knee-high when we took a step. Silently I wondered how high it would splash when we ran!

We watched as the other runners warmed up with purpose and plans. The 6 of us stretched and then stood in a small group wondering why we were there. One student looked at me, and with great honesty said, "I'm scared." I pushed away my adult impulse to lie and admitted, "Me too!" These students looked so small and much too vulnerable for the ordeal outside and I wondered if any of them could run 2 miles. I felt this was asking too much of them. I was quite certain it was asking too much of me.

Just then, there was an announcement that due to the weather, all runners would start together, both the 2-milers and the 59 entries in the 10K (6.2 mile) event. We all left the building, the runners and a handful of timers and officials, and proceeded to the starting line where we would all start together. The 10K runners were lined up in front and were to follow a route to the nearby lake, turn around and return on the same route for a total of 6.2 miles. The 2-milers were to turn off about a quarter of a mile from the YMCA onto a short route which made a large square around the YMCA. This route measured one mile and was to be run twice for the 2-mile total.

There were no words spoken by the 5 young runners, no show of bravado. They were quiet. As we gathered in the winter storm behind the starting line I wished for some word or gesture to show them how much courage I know they had at this moment. I was overcome with the significance of these 5 kids showing up early each morning, for their willingness to train, for their loyalty to others in the group, and for being here on this day when many people weren't even traveling in cars due to the weather. (I wondered why I hadn't slept in that last morning in Minnesota.) I touched each of them on the shoulder and moved to the back of the group of 86 runners.

The race began and I ran the first half-mile with tears in my eyes, touched by the significance of this day for those 5 kids. I made the cut off for the 2-mile run and ran the last half-mile with tears in my eyes because I was cold and tired. I crossed the line, greeted by the timers and officials, and told them I would not run the second mile and chose to wait for each of the 5 to cross the line so that I could greet them. Actually, I couldn't have made the

second mile so it was a good choice. Happily, I noted that none of the runners had completed the 2 miles faster than I ran the one.

By the time I was breathing again, runners began coming across the line, strung out, tired, wet, and cold. The officials called out the times to each of them as they headed back to the YMCA to shower and warm up. Then I recognized a familiar stocking cap as it rounded the corner about 50 years away and I called out his name and waved. The timers took up the call, yelled for him, and he actually sprinted the last 20 yards. He gave me a hug and I babbled incessantly, "You made it, you made it!" He told me everyone was behind him, said he was going to take a shower, asked if he should call his mother, and if we were going out for pizza. The answer was "yes" to everything. Then another student rounded the corner and we repeated the cheering for him as he crossed the finish line to receive his hug and congratulations. He had been running about 4 minutes longer than the first student and he did not take as long to decide he wanted a shower. But not before he told me he was the last runner, and then it struck me that the 3 left out on the course were the fastest of the 5 students.

Since they were not on the 2-mile course, the only conclusion was that they were running up front with the 10K runners and had missed the 2-mile cutoff. That meant they were on the 10K route which took them to a point 3.1 miles away from the YMCA and back on the same course. I sat down and cried. These 3 promising runners, running a 10K course, when we weren't even sure they could make a 2-mile course in this blizzard! I was filled with regret and guilt, and wondered why I ever thought this was a good idea. But just in case one runner, by some miracle, did make it back from the full 6.2-mile course, I decided to wait until the officials declared that everyone was off the course. We had during the previous week discussed walking across the finish line. And that, the students decided, would be an honorable way to finish. The officials told me there would be a car to pick up anyone in trouble along the route. I waited at the finish line for anyone who might decide to walk.

Runners from the 10K had been coming across the line for about 10 minutes when a fellow teacher told me all 3 were still running the last time he saw them. Such a long wait and 10 minutes later, I saw a familiar figure, long skinny legs and wet sweats coming down the street. I whooped, screamed, called his name, and so did the timers. I hugged him and yelled as though he were deaf, "Did you know you ran the 10K?" and he smiled weakly and answered, "Yeah, I figured that out!" He said the other 2 were still behind him when he saw them last. He was 39th to cross the line out of 64 10K runners — a respectable finish. Now everyone at the finish line was caught up in hoping that the other 2 students would make it across the line. And they did! One hour, one minute, and 53 seconds after the start of the run, the 5th runner, my lone girl, crossed the line, accompanied by a woman running with her every step of the way saying, "Come on, you can make it."

The 6 of us spent the rest of the day talking. To say we were on an emotional high would be an understatement. All 5 talked incessantly. They discussed their thoughts during the race, how they almost quit a "million" times, how some of them missed the turn, the weather, bloody toes, and especially how runners talk to one another during the race. Specific encouragement was given to each of them by other runners. On boy said, "You know, I passed someone and the guy said, 'Way to go kid.' He didn't even mind that I passed him. Mrs. A., they were nice to us." And all the rest of the day, the only girl in the group held a prize possession. She had received the 3rd place medal in her age division. The other 4 were genuinely proud of her accomplishment, proud of each other, and proud of themselves.

They talked a lot about the future that day. Excited. Planning. One boy plans to enter another race this month. This time he will run the 10K, not by accident, but by choice.

Many researchers have studied the effects of physical exercise on behavior. Devera Pine (1984) reports that runners' brains emit alpha waves approximately 20 minutes into a 30-minute jog which are associated with a meditative state related to the flow of endorphins, a natural pain killer. The release of natural opiates during exercise has also been researched and documented by Appenzeller, Standefer, Appenzeller, & Atkinson (1980). Opiate release, they suggest, is responsible for mood improvements which they call "positive addiction" (p. 419).

Folkins and Sime (1981) note the connection of mind and body in a "psychosomatic"

perspective but acknowledge that research has not concluded how changes in physical fitness affect psychological variables. There is some indication that the effects of fitness training are more pronounced in subjects who are more distressed at the onset of the exercise treatment program (Folkins & Sime, 1981).

Physical fitness training appears to have a more pronounced effect upon affective behavior than on cognitive classroom performance. The effect of physical fitness training on academic achievement is still unclear and research has produced conflicting results. Folkins and Sime (1981) conclude the most pronounced behavior change is self-concept enhancement (p. 380), and their view of research indicates a change from an external locus of control to internal locus of control. They state many of the research studies show design problems of both external and internal validity and the information given to date is influenced by those problems.

Other studies (deVries, 1981; Greist, Klein, Eischens, Gunman, & Morgan, 1979) have concluded that exercise is effective in the decrease of depression and the decrease of anxiety.

The most effective use of an exercise program is the generalization of exercise across the environment (Martin & Dubbert, 1981). Generalization also enhances maintenance. Speculations about generalization, endorphins, and natural opiates are for researchers. As a teacher I frequently follow the philosophy when working with kids, "If it looks good, try it. If it works, try it again." And that is the way A.M. Club started. Physical exercise and group cohesiveness looked good as a concept, and it worked.

REFERENCES

Appenzeller, O., Standefer, J., Appenzeller, J., & Atkinson, R. (1980). Neurology of endurance training: V endorphins. *Neurology, 30,* 418-419.

deVries, H. A. (1981). Tranquillizer effects of exercise: A critic's review. *The Physician and Sports Medicine, 9,* 46-54.

Folkins, C. H., & Sime, W. E. (1981). Physical fitness training and mental health. *American Psychologist, 36,* 373-389.

Greist, J. H., Klein, M. H., Eischens, J. F., Gunman, A. S., & Morgan, W. P. (1979). *Comprehensive Psychiatry, 20,* 41-54.

Martin, J. E., & Dubbert, P. M. (1981). *Journal of Counseling and Clinical Psychology, 50-6,* 1004-1017.

Pine, D. (1984, October). Reports on research at Arizona State Unviersity (editorial statement). *Health Magazine.*

Evelyn Anderson, Consultant for the Behaviorally Impaired, Educational Service Unit #9, Hastings, Nebraska 68901

Paradoxical Interventions: Strategies for the Resistant Adolescent

Dennis J. Simon and Alice Vetter-Zemitzsch

ABSTRACT

While direct methods of psychotherapeutic intervention are preferable, they are not always effective with the highly resistant, behaviorally disordered adolescent. Paradoxical strategies are sophisticated, indirect interventions utilized when resistance to change is chronic and intransigent. This paper presents a description of four paradoxical interventions: symptom prescription, restraining, outpositioning, and reframing. Their application to a school setting and implementation within programs for the behaviorally disordered is discussed. Change mechanisms, precautions for implementation, and interaction with direct interventions are delineated. Case examples are utilized to illustrate application.

While direct methods of therapeutic intervention are preferable, they are not always effective when working with the highly resistant, behaviorally disordered adolescent. Many teachers have spontaneously engaged in "reverse psychology" when managing power struggles with adolescents; however, little has been written abbout the application of paradoxical techniques to a school setting. These strategies are sophisticated, indirect interventions utilized when resistance to change is chronic and intransigent.

LITERATURE REVIEW

The central dictum of a paradoxical directive is "change by remaining unchanged." In the 1950s Adler (1956) utilized paradoxes to avoid power struggles by "going with" the resistance and avoiding forcing the client. He would give permission for symptoms and predict relapses. Frankl (1967) directed phobics to will their fears to occur so as to paradoxically minimize intense anticipatory anxiety. Rosen (1953) encouraged schizophrenics to reenact their psychotic symptoms to reduce their anxiety over a potential relapse. The first significant research on paradox came from Bateson and the Palo Alto Group (Bateson, Jackson, Haley, & Weakland, 1956; Haley, 1963, 1976; Watzlawick, Beavin, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974). Investigating communication patterns within schizophrenic families, they posited the theory of the pathological double bind.

This concept is most easily understood in terms of double messages. For example, a mother might urge her anxious son to go to school while simultaneously placing cupcakes in the oven for his return. These early family therapists would counter with a therapeutic double bind or paradox — for example, highlighting the importance of the son's remaining home to keep mother from becoming lonely and depressed. If the son stays home, he is being helpful to his mother rather than phobic and is claiming voluntary control over his anxious symptoms. If he resists the recommendation to stay home, he begins to comply with treatment goals. Milton Erickson (Haley, 1973) and Palazzoli, Boscolo, Cecchin, and Prata (1975/1978) stressed relabeling symptoms in positive connotations to circumvent resistance. The current most eloquent statement of paradoxical interventions is within strategic family therapy literature (Haley, 1976; Madanes, 1981; Weeks & L'Abate, 1982).

WHEN TO INTERVENE PARADOXICALLY

Paradoxical strategies are not appropriate for all situations. Direct methods are generally preferable. However, at the high school level most behaviorally disordered students have already resisted a series of direct interventions. Paradoxical techniques are appropriate with

---

This paper is based in part upon a presentation given at the Eighth Annual Conference on Severe Behavior Disorders of Children and Youth, Tempe, Arizona, November 1984.

rigidly oppositional adolescents, consistent "help rejecting complainers", and students who have "flunked" multiple programs and therapies. They can be utilized with individuals and classrooms or within the context of parent conferences. With these difficult students, it is essential to influence the family system (Simon, 1984). Table 1 outlines a family intervention model that links assessment with treatment methodology. Paradoxical interventions are the choice when family rules are inflexible, communication patterns are confusing or repeatedly disqualify the competency of a family member, and relationships are chaotic or symbiotic.

SPECIFIC PARADOXICAL STRATEGIES

Prescribing the Symptom

A symptom prescription directs the student to do what he is supposedly in the behavioral disorders program to stop. This strategy can be either compliance or defiance based. (See Watzlawick, Beavin, & Jackson, 1967, and Weeks & L'Abate, 1982, for extended discussion.)

Compliance based. Relabeling the problem and intervention within a positive framework sets the stage for the intervention. The paradoxical directive is phrased in terms of a need to gain a better understanding of why the negative behavior occurs. For example, a student who repeatedly verbally disrupts a class may be instructed to do so at a particular time of day. Compliance to the directive suggests control over the behavior, and lack of compliance demonstrates control. Similarly, a symptom prescription can involve encouraging a maladaptive behavior while adding an aversive condition. For example, a defiant adolescent, angry at her mother, can be directed to continue her rebellious behavior because it helps her mother keep her mind off her depression. Thus, continuance of the symptom would no longer serve as a release for anger at the parent.

Defiance based. This technique is meant to defuse power struggles. It is appropriate for the consistently oppositional adolescent. The paradoxical directive urges continuance of

TABLE 1

Integrative Family Intervention Model

	Family Type		
	I. Accidental Learning	**II. Dysfunctional**	**III. Rigid**
Rules	OK	Flexible	Inflexible
Communication	Disagree but accepting	Critical but not confusing	Confusing or disqualifying another as incompetent
Relationships	Satisfying	Defined but dysfunctional	Chaotic or symbiotic
Resistance	Not applicable	Challenge	Accept
Interventions	Education Prescription of behavior modification or "structural" tasks	Problem solve Restructure Metaphors Existential/ Humanistic techniques	Paradox

Note: Initial framework for model from Dr. John Constantine of The Institute for Juvenile Research, Chicago.

the symptom. The oppositional adolescent will resist compliance and stop negative behaviors. The energy of the power struggle with an authority figure is diverted toward positive action. The following example illustrates.

Stan always walked into his English class late, talking loudly, wearing a hat, and then placed his feet on his desk. His behavior begged the teacher to nag. She would comply, become frustrated, and feel like a broken record. In consultation with Stan's counselor, the teacher was involved in a paradoxical intervention for the classroom. The counselor proposed to the student that "being nagged" was a critical way for him to receive attention. If this did not occur frequently, he might feel unimportant, not loved, and worthless. These feelings could in turn make him crazy and lead to readmission to the hospital. Because of these potentially serious consequences, he instructed Stan to purposely annoy his teacher. To be sure it was done right, he asked the student to pretend he was in class and role play this negative interaction with the teacher. Stan protested that the staff was obviously crazy, not him. His participation in the role play was feeble at best. The following week, the teacher played her part in class, but Stan refused. The counselor criticized him for his noncompliance. The negative behavior stopped. His mother called the school to report that her son was less rebellious at home, and vaguely reported to her that he had had a problem at school which he handled himself.

Restraining

A restraining paradox directs the adolescent to "go slow" or not change (Watzlawick, Weakland, & Fisch, 1974; Weeks & L'Abate, 1982). For example, Tim was a 17 year old with a severe hygiene problem and occasional encopresis. Attempts to force personal cleanliness had met with angry resistance. To take the pressure off the student and shift the focus from this power struggle, his counselor recommended that he not improve his hygiene because if he did he could not handle the friendships that might be available. He might become overwhelmed and get really sick. The implicit message is that the obvious problem is too dangerous to focus on, and that it is best to work on something else first. This opens up the possibility for direct exploration of related difficulties with reduced resistance.

Outposition

The outposition strategy takes the side of the oppositional student rather than fighting it. This can involve agreement with the protestations that nothing will work (e.g., "maybe it is hopeless"). This technique works well with depressed adolescents who possess significant unstated anger that can be mobilized. To resist the intervention and maintain their oppositional stance, they must demonstrate the capacity for positive change. A frequent form of this paradox is problem prediction. For example, a behavioral disorders program coordinator tells a student, "You'll get into mainstream classes; get afraid; miss us; and, rather than talk about it, you'll misbehave to return to the behavioral disorders program." Resistance to this statement entails success in the mainstream or a request for assistance in solving problems. The student has been "outpositioned" even before the problem occurs. A determined attempt to prove the coordinator's prediction false would lead to a positive outcome in either case.

Reframing

Severe behaviorally disordered students and their families appear to be stuck on repetitive problem cycles. While behaviors may seem chaotic, a consistent pattern of interactions can be delineated. Problems and their solutions are labeled or "framed" reflexively in the same ineffective manner. A program for the behaviorally disordered with a change focus attempts to increase the complexity and capacity for problem solving by redefining the student's role in relationships and providing a different framework for viewing problems and their solutions. Reframing techniques organize transactions at school and home around different themes to change behavior. Three types of reframes will illustrate (See Haley, 1973, and Palazzoli et al., 1975/1978, for extended discussion).

Highlight problem theme. This reframe involves shifting the focus from a distracting symptom to root problems. A student may act out in math class to avoid the embarrassment of a poor skill level. In another example, a family may keep the focus on the theme of "Johnny the troublemaker" when the focus may need to switch to the distance between father and son which fosters Johnny's negative role. In either case, a new framework for the problem is highlighted and a new opportunity is created for direct interventions.

Relabel a role to change it. How teachers and parents perceive a student has a powerful impact on their expectations for appropriate behavior and change. The status quo is maintained in part by repetitively casting the adolescent within the same role in interactions. For example, if Jane is viewed as sick and depressed, others begin to do things for her; and everyone believes she cannot work too hard or endure much stress. These themes come to define how others will relate to her and what they expect from her. However, if Jane's life role could be reframed as "laziness" or a "knack for getting others to do her work", teachers and parents may be mobilized to challenge, push, and refuse to accept her weak role.

Positive reframe. This strategy is particularly useful when people are locked in a power struggle and only able to see the villian in each other. A bullying student may act out aggressively because he is scared and has a low self-opinion. A reframe of his behavior in this manner makes it easier for teachers to empathize with him and try new approaches. In a parent-child conflict, relabeling the parents' critical behavior as concern and their daughter's rebellious behavior as a search for independence can provide a renewed basis for problem solving.

METHOD OF DELIVERY

Paradoxical interventions are presented as authoritative directives with a positive connotation and a plausible rationale. Directions need to be specific. It can even be helpful to practice within a session (See Madanes, 1981). The strategy is continued for a time even if behavior changes. The counselor or teacher does not explain it if it works. Instead, he or she expresses puzzlement or caution (e.g., "I'm surprised but this change probably won't last"). This approach leaves the student or family feeling in charge of the change and avoids the risk of recurring resistance.

MECHANISM FOR CHANGE

Paradoxical interventions subvert resistance and sidestep power struggles by focusing oppositional energy to move in a different, positive direction. The exaggeration or irony implicit in some of the described techniques can provide an alternative perspective to the rigidity of an absurd problem. A paradoxical directive allows movement from the distraction of the symptom to dealing with underlying interactional issues. Similarly, they can remove the secondary gain the family system may receive from reinforcing the maladaptive behavior.

INTEGRATION INTO SCHOOL SETTING

Administrative Role and Involvement of Teachers

The goal of a program for the behaviorally disordered has as its focus behavior *change*. To effect that change with highly resistant behaviorally disordered adolescents, a multitude of interventions must be utilized to increase the probability for problem solving and change. Administrative direction and support is crucial in attempting nonconventional interventions. Inservice to teach teachers the rationale and application of paradoxical techniques is a necessity. These techniques are defined as only one aspect of teacher-student relationship. Yet, they are another "tool" to add to the repertoire of interventions teachers have at hand when working with behaviorally disordered adolescents.

Through the use of paradox, a different framework for viewing problems and solutions is provided. The misbehavior of the student and his/her negative role in school are challenged. The student's role and the behavioral expectations at school are positively redefined. A change from teacher directives with a negative connotation to a positive connotation is

much more productive. Labeling immature behavior as aggressive exploration on becoming 18 years old positively changes how the problem is perceived from both the student's and teacher's perspectives. The fun of beating a power struggle can also be realized.

Teachers of behaviorally disordered adolescents are supportive and optimistic about change and may eventually work harder than the student. Paradoxical interventions give the power of change back to the student where it should be. Solutions, therefore, are credited to the student, thus increasing self-esteem.

Teachers possess sufficient power to engage the resistance of behaviorally disordered students. Paradoxical interventions take advantage of the strong reactions to a teacher's authority.

Direction by Trained Therapist

All therapeutic interventions can be for better or worse. The staff of behavioral disorders programs can be inserviced to implement and support paradoxical interventions. In an educational setting, the provision of a clear, sufficiently positive connotation to initiate the paradox is crucial. Otherwise, practitioners may be accused of giving up; and resistance may be elevated rather than diminished. Analysis of the interactional dimensions of maladaptive behavior is the key to successful results. Power struggles and secondary gain in relationships are frequently subtle. Competent use of these techniques requires an understanding of psychopathology and system dynamics. These principles should be important aspects of training for teachers of the behaviorally disordered and the support staff. More complex paradoxical strategies should be employed only with active direction and consultation by a psychologist or social worker with specific training in these techniques.

Relationship to Direct Interventions

Paradoxical techniques can be used in conjunction with direct interventions from a variety of orientations. When a paradox defuses resistance or anxiety, it creates the opportunity for relationship or behavior therapy. For example, John was an extremely immature, highly dependent 19 year old. His parents separated, and he became overwhelmingly depressed and suicidal. His therapist reframed his dilemma as an opportunity to become an independent adult. John accepted the new problem definition and began to directly explore what he needed to accomplish to be prepared for adult independence. Similarly, a restraining directive to work on easier problems first might teach problem solving skills that can eventually be applied to the primary problem when resistance is lowered. Sometimes two staff members can divide roles when working with the same student. One can work paradoxically while the other blends in more conventional strategies.

SUMMARY

Paradoxical interventions can be effective strategies for influencing change in the resistant behaviorally disordered adolescent. They are particularly appropriate with students prone to frequent power struggles. These techniques can be utilized within the classroom, and during individual or family sessions in conjunction with direct intervention methods.

REFERENCES

Adler, A. (1956). *The individual psychology of Alfred Adler* (H. L. Ansacher & R. R. Ansbacher, Ed. & Trans.). New York: Harper & Row.

Bateson, G., Jackson, D., Haley, J., & Weakland, J. (1956). Toward a theory of schizophrenia. *Behavioral Science, 1*(4), 251-264.

Frankl, V. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy.* New York: Simon & Schuster.

Haley, J. (1963). *Strategies of psychotherapy.* New York: Grune & Stratton.

Haley, J. (1973). *Uncommon therapy: The psychiatric techniques of Milton H. Erickson.* New York: Ballantine.

Haley, J. (1976). *Problem-solving therapy.* San Francisco: Jossey-Bass.

Madanes, C. (1981). *Strategic family therapy.* San Francisco: Jossey-Bass.

Palazzoli, M. S., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox* (E. V. Bart, Trans.). New York: Jason Aronson. (Original work published 1975) Rosen, J. (1953). *Direct psychoanalysis.* New York: Grune & Stratton.

Simon, D. (1984). Parent conferences as therapeutic moments. *Personnel and Guidance Journal, 62,* 612-616.

Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication.* New York: W. W. Norton.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* New York: W. W. Norton

Weeks, G. R., & L'Abate, L. (1982). *Paradoxical psychotherapy: Theory and practice with individuals, couples, and families.* New York: Brunner/Mazel.

Dennis J. Simon, Clinical Psychologist, Oak Park and River Forest High School, Oak Park, Illinois 60302

Alice Vetter-Zemitzsch, Coordinator of Behavior Disorder Program, Oak Park and River Forest High School, Oak Park, Illinois 60302

Use of Verbal Mediation Procedure to Reduce Talking-out Behaviors

Lonny W. Morrow and Sue Ann Morrow

ABSTRACT

The present study evaluates the effectiveness of a cognitive behavior management technique, Mediation Essay, in decreasing the rate of frequent, disruptive, and often bizarre talking-out behavior of a multiply-handicapped 12-year-old male. Using an ABAB design, a significant reduction of inappropriate verbalizations resulted during treatment phases. Advantages of utilizing this technique with students with behavioral disorders include ease of implementation, highlighting specific inappropriate behavior, teaching new age-appropriate functional behavior, and potential for individualization.

Cognition has long been recognized as playing a fundamental role in influencing human behavior. Only recently, however, have teachers utilizing a behavioral model become interested in synthesizing cognitive and behavioral approaches in treatment programs for students with behavioral disorders. Practitioners working with students with handicaps typically must decrease certain behaviors and significantly increase others. Decreasing a behavior does not guarantee that it will be replaced with another more adaptive behavior (Sulzer-Azaroff & Mayer, 1977). Techniques which may eliminate maladaptive behavior and teach adaptive age-appropriate, functional prosocial behavior make more efficient use of both teacher and student time. While numerous techniques have been implemented to change a variety of behaviors, few are readily available which offer the possibility of both eliminating undesirable behavior and concurrently teaching new, more adaptive behaviors.

During the past two decades, the role of verbal mediation in learning has received increasing attention from investigators (Gickling, Hargis, & Alexander, 1981; Jensen, 1963; Luria, 1961; Turnure & Thurlow, 1975). Mediational theory hypothesizes that a person makes an observable or covert mediated response when presented with a learning task. This hypothesized mediated response is presumed to facilitate or inhibit learning the task presented.

Research with mildly handicapped students (Turnure, Brium, & Thurlow, 1976; Turnure & Thurlow, 1975) has indicated that substantial gains in cognitive functioning can be derived from training them to formulate and use verbal mediators. The available research supports the value of mediation training although the results of transfer are mixed (Burger & Blackman, 1976; Ross, 1971; Zupnik & Meyer, 1975).

Several behavioral techniques have resulted in the successful teaching, extinguishing, maintaining, and generalizing of target behavior. These include contingent reinforcement (Konczak & Johnson, 1983; Schilling & Cuvo, 1983), timeout (MacMillian, Forness, & Trumbull, 1973; Wahler & Fox, 1980), and various aversive procedures (Altman, Haavik, & Cook, 1978; Carey & Bucher, 1983). As teachers are aware, there have been situations in which these treatment procedures have been only partially successful. In such situations one cognitive treatment alternative, which utilizes operant principles and warrants additional investigation, is the Mediation Essay (Blackwood, 1970; MacPherson, Candee, & Hohman, 1974).

The Mediation Essay is comprised of four questions and their answers (Blackwood, 1970). After observing the student, the teacher develops the Mediation Essay to address the student's unique learning deficits. The first question is "What did I do wrong?" The teacher then writes a paragraph describing in detail the specific behavior which the student had been displaying (e.g., "I talked out loud or made inappropriate noises without raising my hand and getting permission. I disrupted the whole class. I was not working on my assignment as I should have been.") The second question asks "Why shouldn't I do this?" The teacher writes a paragraph which specifies why the behavior is inappropriate. The third

question asks "What should I do?" A paragraph specifying specific age-appropriate behavior which should have been displayed is developed by the teacher. The final question asks "What will happen if I . . ." and is followed by a concise description of probable outcomes if the student does display the behaviors described in the third question. Every time the student exhibits the target behavior he is given a copy of the Mediation Essay which must be copied during free time or after school.

Potential advantages of using this technique with students with behavioral disorders include the provisions of alternative ways of behaving in current and similar situations, ease of development and implementation, wide applicability to various situations and environments — including the home — in which maladaptive behaviors are displayed, and the highlighting of specific inappropriate behaviors. Also, the level of language utilized can be easily adjusted by the teacher to accommodate the student's functioning level.

Blackwood (1970) compared the effects of Mediation Essays and essays which did not discuss the consequences of misbehavior with 12 eighth and ninth grade students who continued to emit disruptive behaviors after 8 weeks of traditional behavior modification treatment. He obtained statistically significant differences between the two groups in favor of the group that received the Mediation Essays. The disruptive behaviors were extinguished for 5 of the 6 students who received Mediation Essays and for 1 of the 6 who received the essays which did not discuss consequences.

MacPherson, Candee, and Hohman (1974) found that basic modification procedures plus Mediation Essays were more effective than either basic modification procedures or basic modification procedures plus punishment essays in controlling disruptive lunchroom behaviors. Their subjects were fourth- and fifth-grade elementary school students. The program was carried out by six paraprofessional lunch aides. The target behaviors were almost totally eliminated and occurred significantly less often during the basic modification procedures plus Mediation Essays than during the other two treatment conditions.

The present investigation attempted to extinguish the frequent, disruptive, and often bizarre talking-out behavior of a multiply-handicapped 12-year-old youth who was attending a day school for institutionalized behaviorally disordered children and youth. Numerous treatment procedures to change the student's behavior had been unsuccessfully utilized during the 7 years prior to initiation of the current investigation.

METHOD

Subject and Setting

Although the student, a 12-year-old male, was not a resident of the institution, he attended the school program housed on the institution grounds. He was diagnosed behaviorally disordered, mildly mentally retarded with other conditions (unspecified), neurologically impaired, mildly spastic diplegic, developmental dyspraxia, and obese. In addition, he possessed visual-motor perceptual problems and was poorly coordinated in both gross and fine motor skills. He was also distractible, had a short attention span, and low tolerance for frustration. Although he earned a verbal IQ of 49, a performance IQ of 69, and a full scale IQ of 55 on the Wechsler Intelligence Scale for Children — Revised, staff agreed that he functioned within the mild mentally handicapped range. He was placed in special education while in kindergarten and had been in numerous classes for the mildly mentally retarded, behaviorally disordered, and learning disabled. He had received 15 minutes of speech therapy 5 times per week to increase the appropriateness of all forms of expressive communication. The majority of his verbal communication was described as consisting of inappropriate, bizarre questions, making animal noises, and singing television commercials.

He was started on Ritalin when he was 5 years old and had since been placed on Cylert and Tofranil. The parents had discontinued all medication several weeks prior to initiation of the study. The student and family had been intermittently involved with the school counselor, school psychologist, and local Mental Health Center for the past five years.

Observation

A frequency count of the number of inappropriate talking-out behaviors that occurred during the same 30-minute period of independent seatwork was kept by the trained classroom aide. Talking-out was defined as any "verbalization uttered without first obtaining teacher approval by raising hand." Reliability data were gathered on 25% of the observation sessions by an independent, trained observer. Reliability was calculated by dividing the smaller frequency by the larger and multiplying by 100. Reliability ranged from 96% to 100% with a mean of 98%.

Procedure

Since school records, school counselor, and parents indicated that a variety of reinforcement, timeout, and punishment procedures had been implemented on numerous occasions

Figure 1. *Mediation Essay*

1) What did I do wrong?

   I talked out loud or made inappropriate noises without raising my hand and getting permission from Mr. Burke, Tony, or Marlene. I disrupted the whole class. I was not working on my assignments as I should have been.

2) Why shouldn't I do this?

   Talking out loud without first getting permission is not acceptable behavior. It is highly disruptive to other members of the class. My classmates do not like to be interrupted. It may cause them to become angry with me. Mr. Burke, Tony, and Marjorie do not like to be interrupted. It is rude to Mr. Burke, Tony, and Marjorie. Also when I talk out without permission, it interrupts me. I cannot pay attention to my own school work and will not get it done as quickly. This may cause me to get behind.

3) What should I do?

   I should sit *quietly* at my desk and only pay attention to my schoolwork and Mr. Burke, Tony, and Marjorie when they tell me to do something. I should continue to work on my assignment until I have completed it or cannot understand a question or problem. If I am unable to complete my work because I cannot understand it, I should raise my hand and sit *quietly* until Mr. Burke, Tony, or Marjorie calls on me or comes to my desk to help me.

4) What will happen if I do not talk out without raising my hand?

   If I sit *quietly* and work on my assignments and do not talk out without raising my hand and getting permission from Mr. Burke, Tony, or Marjorie, I will complete my assignments much quicker. I will be proud of myself and Mr. Burke, Tony, and Marjorie will be proud of me. My classmates will be much happier with me because I did not disrupt them and they will find it easier to complete their assignments. They will like me more and will be more willing to be my friends. They may want to play more with me. Mr. Burke, Tony, and Marjorie will find it easier to teach the other students and they will still help me when I raise my hand. My parents will also be very proud of me.

by both school personnel and parents with limited success, and because the student apparently had been unable to understand the relationship between his behavior and natural consequences, the Mediation Essay depicted in Figure 1 was composed by the senior author. The student was informed that every time he talked out he would be given two Mediation Essays which he would have to read aloud during his lunch hour or after school. It was decided to have him read instead of copy them because he displayed a serious writing disability. He was told that if he accepted the Mediation Essays without protesting he could negotiate later to read only one for each occurrence of inappropriate behavior.

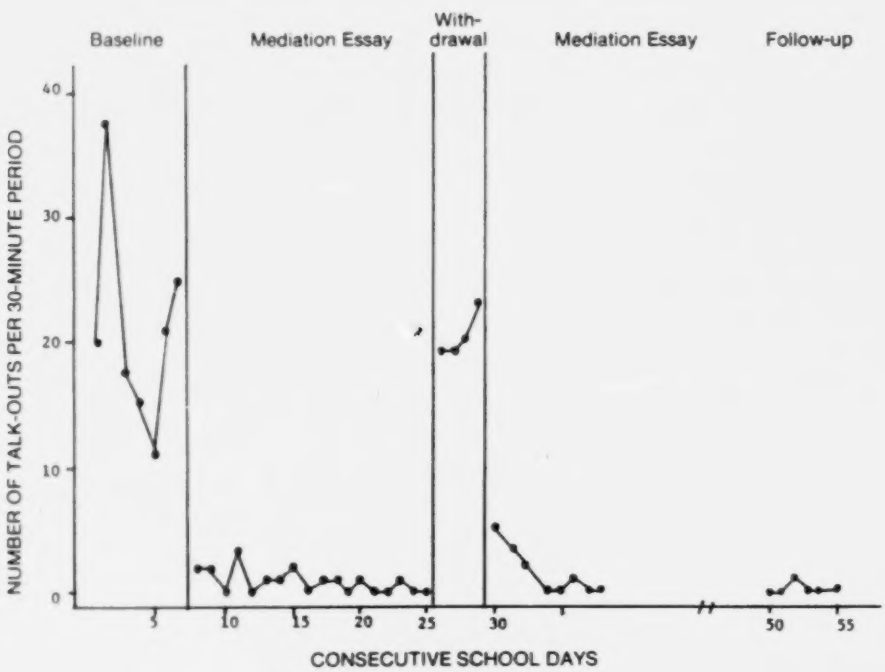
Every time he talked out inappropriately the teacher or aide immediately handed him two Mediation Essays. The teacher walked away quickly without engaging him in conversation and unobtrusively recorded the occurrence or nonoccurrence of protesting behavior. The student was then required to stay in his room during the lunch hour or after school was dismissed and read each Mediation Essay.

Because the student lived with his parents in a nearby town, transportation was provided by a staff member through a contractual arrangement with the school district. Schedules and regulations necessitated that the student remain in the classroom during the lunch period and after school while the other students returned to the residential unit. This time served as a control by providing an opportunity to contingently engage the student in nonpreferred activities during baseline and for the effects of having to read the Mediation Essays during the treatment phases.

Design

A reversal (ABAB) design was utilized to demonstrate experimental control. Baseline data were gathered for 7 days before treatment was initiated. After 18 days of treatment, a return to baseline conditions was implemented. This was followed by another 8 days of treatment.

Figure 2. *Number of talk-outs across baseline, treatment, withdrawal, and treatment phases*



RESULTS

Figure 2 shows the change in number of talk-outs that occurred during each phase. The number of talk-outs rapidly decreased from a mean of 21 per 30-minute period during baseline to a mean of .83 when the Mediation Essay treatment was in effect. The withdrawal of treatment resulted in an immediate and significant increase to 20.2 talk-outs per period. Reinstituting the Mediation Essay resulted again in a dramatic decrease to 1.38 talk-outs per period. Follow-up data revealed that the treatment effects had maintained for 21 days.

DISCUSSION

Results of this investigation indicate that use of the Mediation Essay technique was effective in reducing intractable talking-out behavior when other more frequently used treatment strategies had failed. While data on the amount of academic work completed were not gathered as a part of the present investigation, teacher reports indicated that the student completed significantly more assignments when the treatment was in effect. The parents also reported that they observed a noticeable decrease in the frequency of the target behavior at home. This suggests that use of the Mediation Essay may result in the elimination of maladaptive behavior while concurrently teaching adaptive behavior. Since the four questions require answers about behaviors which both should and should not be emitted and supplies probably outcomes of these behaviors, it may facilitate the learning of new behavior more quickly than other procedures commonly used.

In contrast to the two reports in the literature on programs which forced students to copy Mediation Essays (Blackwood, 1970; MacPherson et al., 1974) the present one required the student to read them. The procedure appears to work effectively under both requirements and thus may be implemented with students with a variety of behavioral and academic problems. Also, none of the students in previous investigations had handicapping conditions or presented serious behavior problems.

The Mediation Essay technique may be implemented easily and adapted to a wide variety of target behaviors. It requires only a small amount of the teacher's time to develop and may be implemented by other less highly trained staff. In addition, it may be used as one component in a treatment package.

The present study is limited in that it was conducted with one youth with highly unique behavioral characteristics. Additional replications of the treatment procedure with other students varying in age, sex, and severity of handicapping condition are necessary before the present results may be confidently generalized. The present results support and extend the two previous studies and suggest that teachers of students with behavioral disorders should investigate further use of the Mediation Essay.

REFERENCES

Altman, K., Haavik, S., & Cook, J. (1978). Punishment of self-injurious behavior in natural settings using contingent aromatic ammonia. *Behavior Research and Therapy, 16*, 85-96.

Blackwood, R. O. (1970). The operant conditioning of verbally mediated self-control in the classroom. *Journal of School Psychology, 8*, 251-258.

Burger, A. L., & Blackman, L. S. (1976). Acquisition and retention of a mediational strategy for PA learning in EMR children. *American Journal of Mental Deficiency, 80*, 529-534.

Carey, R. G., & Bucher, B. (1983). Positive practice overcorrection: The effects of duration of positive practice on acquisition and response reduction. *Journal of Applied Behavior Analysis, 16*, 101-109.

Gickling, E. E., Hargis, C. H., & Alexander, D. R. (1981). The function of imagery in sight word recognition among retarded and nonretarded children. *Education and Training of the Mentally Retarded, 16*, 259-263.

Jensen, A. R. (1963). Learning abilities in retarded, average, and gifted children. *Merill-Palmer Quarterly, 9*, 123-140.

Konczak, L. J., & Johnson, C. M. (1983). Reducing inappropriate verbalizations in a sheltered workshop through differential reinforcement of other behavior. *Education and Training of the Mentally Retarded, 18*, 120-124.

Luria, A. R. (1961). *The role of speech in the regulation of normal and abnormal behavior.* New York: Liveright.

MacMillian, D. L., Forness, S. R., & Trumbull, B. M. (1973). The role of punishment in the classroom. *Exceptional Children, 40,* 85-96.

MacPherson, E. M., Candee, B. L., & Hohman, R. J. (1974). A comparison of three methods for eliminating disruptive lunchroom behavior. *Journal of Applied Behavior Analysis, 7,* 287-297.

Ross, D. (1971). Retention and transfer of mediation set in paired-associate learning of educable retarded children. *Journal of Educational Psychology, 62,* 322-327.

Schilling, D., & Cuvo, A. J. (1983). The effects of a contingency-based lottery on the behavior of a special education class. *Education and Training of the Mentally Retarded, 17,* 52-58.

Sulzer-Azaroff, B., & Mayer, G. R. (1977). *Applying behavior-analysis procedures with children and youth.* Chicago: Holt.

Turnure, J.E., Bruin, N., & Thurlow, M.L. (1976). The effectiveness of interrogative for prompting verbal elaboration productivity in young children. *Child Development, 47,* 851-855.

Turnure, J. E., & Thurlow, M. L. (1975). Effects of structural variations in elaboration of learning by EMR and nonretarded children. *American Journal of Mental Deficiency, 79,* 632-639.

Wahler, R. G., & Fox, J. J. (1980). Solitary toy play and timeout: A family treatment package for children with aggressive and oppositional behavior. *Journal of Applied Behavior Analysis, 13,* 23-29.

Zupnik, J. J., & Meyer, P. A. (1975). Long-term effectiveness of imagery instructions with retarded persons. *American Journal of Mental Deficiency, 79,* 519-525.

Lonny W. Morrow, Associate Professor of Special Education, Northeast Missouri State University, Kirksville, Missouri 63501

Sue Ann Morrow, Executive Director, Edge, Inc., Brashear, Missouri 63533

Parents as Partners: Developing Parent Support Groups

Kathryn M. Phillips

ABSTRACT

The use of parent support groups is often advocated as a useful adjunct to special education services, but it is often difficult to get such groups started for parents of behaviorally disordered children. The author provides suggestions for the formation of such a group, and descriptive comments concerning a successful group currently meeting.

Parents of children in programs for the behaviorally impaired have very often experienced much frustration, pain, disappointment, and embarrassment over their children by the time these children are identified and placed in a program for behavioral impairment (BI program). Frequently the family situation has deteriorated to such a degree that there is little or no family unity. When these parents attend the meeting which initially places the child in the BI program, their already crumbling nerves are further attacked because a group of professionals puts a label on their child's actions and confirms the parents' worst fears that their child is exhibiting behaviors which are more serious than and not typical of most children in the same age group.

At this meeting, among other things, the parents are often asked to be supportive of the school, teachers, children, and the BI program. This occurs at a time when the parents are probably most desperately in need of support themselves due to problems at home, forms to sign at school, new terms to deal with (IEP, BI, etc.), and overwhelming feelings of guilt, blame, remorse, and apprehension.

This combination of problems and expectations can result in a no-win situation for all concerned, and can produce at best an indifferent parent and at the worst a hostile, uncooperative one. Although this does not occur with all families, it is a very real problem in some cases, and in a variety of regular and special education programs other than the BI program. Therefore, a high priority must be placed on and much effort exerted toward developing a mutually supportive relationship between home and school.

PARENTS AS PARTNERS

How can a positive, supportive, cooperative partnership be fostered and nurtured between the school and the parent? One method of reaching this goal is starting and maintaining a parent support group.

A parent support group is the voluntary involvement in a group sharing situation by a number of people who wish to make their roles as parents more fulfilling, rewarding, and successful. The key to the successful functioning of such a group is its leader. Whether a parent or a school staff member, the individual who facilitates the group must be able to listen without judging, discuss without patronizing, and initiate meetings without being an obvious leader. In addition, the leader must be able to determine the best type of group format for the particular set of members and correctly match them. Once the group is established and has strong membership, the leader should minimize his or her leadership role and become a member only. If the group experiences periods of weakness or seemingly insurmountable problems, a leadership role may need to be temporarily reinstated until the problems are resolved. Throughout the existence of the group, the leader may discover that his or her most difficult task has been the initial development of the group and recruitment of members.

Recruiting Members

Starting a group and recruiting members is an important, delicate process. If errors are made in this phase of development, the chances for a group to continue are severely weakened. The appropriate target group of prospective members must be selected, and their needs correctly identified so that they may be approached about joining the group in an enticing and nonthreatening way. To enchance the recruitment of a parent support group and support its growth and development, the following suggestions may prove useful:

- Send a letter to the target group of parents explaining the group's purposes and functions (see Figure 1);
- Present the idea for a parent support group at appropriate functions such as staff meetings, PTA meetings, and school team meetings;
- Alert administrators in the building that the group welcomes and may be beneficial to parents who seem to be making repeated trips to the school to discuss problems their children are having;
- Provide the student services person and/or school psychologist with the support group invitation letters to present to parents of students newly identified for special education services; and
- Alert consultants and other teachers throughout the school system that the group is starting or already in existence. There may be other parents outside of a particular school who are in need of support.

After a hopefully successful recruitment process, plans may begin for the first meeting's agenda, and long-range plans may be tentatively designed by the leader.

Maintaining a Successful Group

At the first group meeting the leader must begin by determining the group members' goals, their preferences as to type of group structure and meeting format, and then adapt and adjust the first night's meeting plans to meet the group's needs. The leader may feel more comfortable if he or she makes formal preparations for the first meeting in advance, and although some groups prefer less formal methods of introduction, it is helpful to have a warm-up activity arranged. This provides a quick method of introducing group members to one another, putting them at ease, and providing the leader with a tool for evaluating the group members' goals for joining the group. The following is an example of a warm-up activity which would be conducted by the leader, giving each member an opportunity to respond to each item, if desired:

The most enjoyable thing about being a parent is . . .
The most frustrating thing about being a parent is . . .
I love it when . . .
I don't like it when . . .
I get very angry at my child/children when . . .
I am very proud of my child/children when . . .
When school calls or writes to me, my first thought is . . .
On a family outing I like to . . .
Children bother me when they . . .
Children are great when they . . .
Something I do well as a parent is . . .
Something I need to focus on as a parent is . . .
I joined the group because . . .

If an activity like this one is used, it is very important to include positive statements or questions. A parent who focuses on the negative only may leave the group feeling guilty and depressed. A parent who leaves the first session feeling this way may not return for future meetings. The leader also needs to realize that using an activity like this may be inappropriate for some groups, and a "turn-off" to their members. This, too, can discourage future attendance. Although a warm-up activity should be planned, the leader should be flexible and realize that depending on the particular group, the activity may never be used. In some

Figure 1. *Sample letter to target group of parents*

SARATOGA ELEMENTARY SCHOOL
Lincoln, Nebraska

1984-1985 School Year:

Dear Parents:

Parenting is an enjoyable and rewarding job. It is also a demanding one, and requires many skills.

Sometimes it is possible to acquire parenting skills from one another by sharing ideas and experiences. In addition, sometimes it is helpful for one parent who is experiencing a troublesome situation with a child to visit with another parent who has experienced the same situation. We all need support, understanding, and a chance to be "revitalized".

In an effort to offer this support, Saratoga sponsors a Parent Support Group. This support group meets one evening per month at Saratoga Elementary School, and is offered to parents of children enrolled in special education programs. Activities include discussions, group problem-solving, short informational talks, and time for socializing. Topics discussed include: talking to children; how to praise and criticize; effective ways to resolve conflict; helping sources; working with schools; and how to communicate effectively and painlessly with your child. We hope you'll show your support by becoming a member of this group.

If you would be interested in participating in this Parent Support Group, please indicate by marking the "Yes" line below, and have your child return this to Kathie Phillips, Room 102, Saratoga Elementary School. More detailed information will be sent to those who indicate interest. Thank you.

Sincerely,

Kathie Phillips
Teacher, Room 102

SARATOGA ELEMENTARY SCHOOL
Lincoln, Nebraska

Please return to Room 102, Kathie Phillips

_____ YES

_____ NO

CHILD'S NAME _____

PARENT'S NAME _____

cases, a group of total strangers may recognize their common need and immediately begin talking, listening, and consoling without any uncomfortable silences, stopping only when the meeting time is over.

Because one cannot know the direction a group will take until after the first meeting, it is helpful to have a structure planned for future meetings, in the event the group prefers more formal meetings with a defined leader. A more formal group might follow an agenda as presented in Figure 2.

Figure 2. *Sample agenda for a parent support group meeting*

September —	Introduction Warm-up activity Reasons for starting the group Group's goals identified
October —	Talking to children Active listening
November —	How to develop responsibility in children
December —	Discipline techniques
January —	Sibling rivalry Peer pressure
February —	Sex education Juvenile justice system
March —	Community resources which offer professional help to families
April —	Working with the schools
May —	Social gathering End-of-year party Summer group plans

A more informally-structured group may have no agenda, but will likely develop a support structure which is in effect both during and between meetings. Meetings will be a time to discuss the past month's problems and successes, and to gather strength to face the next month. To provide a resource for future meeting topics or for trying new parenting techniques, group members may wish to share titles of books which may be of interest or value (see Suggested Readings List). After reading several books, group members may find only one technique with which they experience success, but this can provide stimulating sharing sessions and creative brainstorming. Whether the group is formally or informally structured, the leader should regularly monitor the workings of the group, to insure that individual members' needs are being met.

Troubleshooting

During the life of the group, certain trouble spots may erupt. These are easily overcome and corrected, if detected quickly and confronted honestly. In fact, a group experiencing difficulty may actually form closer bonds, and individual members may experience emotional growth and maturity through the process of resolving the trouble. Included here are several possible trouble spots and suggested solutions.

1. If the leader of a group happens to be a teacher, parents in the group may put that individual "on the spot" initially (Let's ask the teacher). If this occurs, the leader can explain

that he or she is not in the group as a teacher, and then redirect the question or comment to the group as a whole for discussion. This may be a good indicator that it is time to minimize the leadership role.

2. Parents whose children and/or themselves are in desperate need of professional counseling services may join the parent support group instead of seeking counseling. A discussion should take place in the group about the separate purposes of counseling and support groups, and the different needs that each serves. Perhaps parents in the group who are currently receiving professional family or individual counseling can discuss this and make the situation seem less intimidating to the reluctant parent.

3. To maintain a successful group, individual member's needs must be met. For example, a quiet or unassertive individual may rarely get an opportunity to speak in a very talkative group. Asking a question directly to that individual may provide an opportunity for him or her to speak. Or, at the end of a meeting, make a list of topics each person in the group wishes to discuss at the next meeting. Then ensure that each topic is covered at the next meeting before the group gets off task.

4. Sometimes a leader may be placed in the role of mediator by other members of the group. This should be avoided, as it is a trap which will keep the leader in a defined leadership role thoroughout the group's future. An added danger is that if the leader quits the group, the group will likely cease to exist. Growth is more likely to occur among group members if they are responsible for solving their own conflicts.

An Example of a Working Group

Members of one parent support group who have been meeting for 2 years have worked to build a strong support system for themselves and others experiencing frustration as parents. Although word has spread throughout the community about the group's existence resulting in several additional members joining the second year, the original group consists of 5 women who are mothers of children receiving a variety of special education services including those for learning disabled, educable mentally handicapped, and behaviorally impaired. The children range in age from 6 through 13 years, and all are male. The group members represent a wide variety of economic and educational levels as well as religious, personal interest, and hobby pursuits. Both single-parent and two-parent families are represented in the group. All members have a common goal — to develop more effective parenting skills and gain the emotional strength to do so. Lasting friendships have developed in the group, and the leader, who is the teacher in the behavioral impairment program, reports significantly improved rapport with and program support from parents who attend the group. Each of the 5 original members has faithfully attended the meetings, and has stated a commitment to keep the group "alive".

From September through May the group meets one evening each month at the elementary school, and during the summer at parks and restaurants. This particular group prefers an informal structure — formal plans are not utilized. The group meetings include sharing ideas, techniques, great quantities of food (brought by various members), and discussing the past month's successes, frustrations, and problems. The group members have developed and actively use a hot-line system among themselves for use in crisis situations and additional support between meetings. All members seem to be satisfied, if not enriched, by their participation in the group.

Group Effectiveness

At the end of the group's first year of meetings, the leader decided to assess the group's effectiveness in developing parenting skills and offering support to its members. The lack of a suitable, objective, standardized assessment device resulted in the leader's decision to write a set of five subjective questions, and to ask each of the original members to answer the questions by herself in a private place, and then return the questionnaire to the leader. The questions and parents' responses follow.

QUESTIONS AND RESPONSES

1) How has this parent support group helped or changed me?

Placement in special education immediately labels these kids. Their handicap is multiplied. Society with all its rules on how we should behave and think makes being a parent of one of these children extremely difficult. As parents, we face different doubts, frustrations, fears, and anger than the parents of children without special needs. Without a support group, we are alone with nobody to listen or care. The group gives us that! The group has given me the sense of knowing I'm not alone. Most important, I come away from the meetings knowing that my child is okay and I am too!

The group gives me more self-confidence.

I feel less guilty about getting angry and therefore am getting angry less. I have discovered that some parents get far more upset than I over much less, and that some have far worse situations to be upset about than I do.

The group has helped me realize that I am not the cause of all my child's problems. The members have helped me by suggesting alternate methods of handling different and difficult situations. For the first time, I have hope that my child will find a place in society as a responsible, well-adjusted adult. I share my most inner thoughts and feelings with women I know can empathize with me and not judge or condemn. Yet they are not afraid to tell me when they think I am wrong, and for this I am grateful. I like the open honesty and communication. It is a relief to see that I am not alone with this problem. Others care and understand.

2) Why did I join this group?

For support! If you need bread, you go to a baker. The support group fills a need — to belong.

I joined the group to get new ideas and to have somewhere to go for help. Also, I like to get feedback on my ideas.

I had hopes of gathering strength from other parents with similar problems. I was so angry all the time that even when things were going well I couldn't relax and enjoy it.

I joined out of a feeling of hopelessness, despair, frustration, anger, loneliness, and helplessness. I was searching for someone to understand and talk to.

3) What are the most important factors in maintaining a successful group?

First, Attend!
Second, Speak up!
Third, Listen with not only your ears but also your heart!
Fourth, Speak up again!
Most important is the group leader. Fortunately, our group has been especially blessed to have a parent of a child with special needs as our leader. Two, she is "us". That is, she does not sit above us looking down — she is one of us. This makes the group work, I think!

Being able to say what is on one's mind and feeling welcome are important to a successful group.

The title says it — Parent Support Group — not a meeting, but a very casual setting with all of us around a table instead of rows of seats. It helps having our leader be "one of us", joining us by sharing her similar problems. Her being an instructor in a BI program helps because she does have solutions to share, even though she knows they don't all work all the time for everyone.

A successful group's members have respect for each other. No one judges the others, but we listen, share ideas, cry, rejoice, and most of all, laugh together. It also helps to keep the group small so that there is plenty of time for each to interact and share.

Many small groups would be better than one or two large ones. Exchanging phone numbers and having a hot-line is an emotional strength. Sometimes as parents we are too close to the situation. We need an outside party to view the problem and give an opinion.

4) What do I gain by attending this group? Why do I return each month?

I gain peace of mind, a feeling of self-worth, and hope for my child's present being and future welfare by attending this group. The fellowship of the group is priceless! We can get together and laugh about our problems! Sometimes we cry too. Without monthly meetings, I think we (the group) would be less motivated to go back home to our children and "hang in there"!

I gain some answers to family problems by attending this group. I enjoy sharing with this group.

I gain confidence by attending this group. I feel a little less crazy each time I go. It's a great chance to laugh about some situations that originally made me cry. Being with people who don't judge me as being a lousy mother is great. Mothers of "well-behaved/normal" children seem more likely to judge ("If she'd be stricter and not let that monster get away with so much" or "If it were my kid, I'd never let him get away with this").

I gain encouragement, strength, and hope by attending this group. I return each month out of genuine love that has grown for each of our members. I want to hear how the others have done during the past month.

5) Have my parenting techniques improved or changed because of my participation in the group? If yes, give an example.

Yes!! Hearing how the group copes and handles daily problems gives me a guideline to go by. Learning from each other, we can feel our way through anything. Alone it's tough! With the group, it's okay to laugh. We, the parents of special education children, need this because we have a heavy load and a laugh makes it a lot lighter. If there is one thing I can positively say, the group has given me the knowledge that it's great to laugh.

My parenting techniques have improved since joining the group. For example, when a rule is broken, I no longer make excuses for my child and the consequences are carried through.

I'm not sure my parenting skills have improved. Things aren't perfect, but we are spending a lot less time arguing because I refuse to argue. Now I have more confidence that when I make a decision regarding discipline I'm right, and after my children have a chance to voice their opinions I refuse to listen, rather than get drawn into an argument.

My parenting skills have improved. I have learned to be a person, not just a mother. Because I felt that all my child's problems were mine, I had lost all self-esteem. The group members restored my feeling of acceptance of my child as one with a personal problem rather than a "rotten kid". I have learned to respect myself and as a result have demanded my rights as a person. I no longer allow my child to dominate me, control me, or make me feel guilty and inadequate. I have faith in myself as a parent and a person. I try things. If they fail, I try something else!

CONCLUSIONS

What elements besides the leader, recruitment methods, and procedures for troubleshooting and maintaining a group create success? Although the answer to that question would vary from group to group, this particular parent support group exhibits certain characteristics: (a) a very informal, relaxed atmosphere; (b) an honest, but nonjudgmental approach;

(c) brainstorming sessions; (d) an involved, relaxed leader; (e) plenty of time to talk; and (f) a hot-line system for members to utilize in crisis situations.

Every group will have different needs and preferences as to structure and style. If the right combination of members, leader, needs, and preferences exists, very positive results can be achieved by offering parent support groups in the school system.

SUGGESTED READINGS

Auerbach, A., & Buchman, S. (1968). *Parents learn through discussion: Principles and practices of parent group education.* New York: John Wiley & Sons.

Ginott, H. G. (1965). *Between parent and child.* New York: Avon Books.

Gordon, T. (1970). *Parent effectiveness training.* New York: Wyden.

Mason, D, Jensen, G., & Ryzewicz, C. (1979). *How to grow a parents group.* Milwaukee, WI: International Childbirth Education Assn.

Milson, F. (1973). *An introduction to group work skill.* London: Routledge & Kegan Paul.

Neff, P. (1982). *Tough love.* Nashville, TN: Parthenon Press.

Parfit, J. (1971). *Spotlight on group work with parents in special circumstances.* London: National Children's Bureau, Adam House.

Rosenberg, J. (1969). *Breakfast - two jars of paste: A training manual for paraprofessionals in the human services.* Funded by the U.S. Office of Economic Opportunity.

York, P., York, D., & Wachtel, T. (1982). *Tough love.* Garden City, NY: Doubleday.

Kathryn M. Phillips, Teacher of the Behaviorally Impaired, Saratoga Elementary School, 2215 South 13th Street, Lincoln, Nebraska 68502

To The Reader:

This publication is the result of an effort by CCBD's Executive Committee to share with the membership practical ideas and strategies for teaching behaviorally disordered students. We hope you will find it beneficial.

We also are asking for your help in a very important activity: namely, the evaluation of this monograph. The Executive Committee has committed a significant amount of the Division's financial resources to this enterprise. If the monograph is successful, it will be the first in a series that you will continue to receive as a benefit of your membership in CCBD. To determine whether a regularly occurring practitioner-oriented publication is of value to CCBD members, we have developed a survey questionnaire, which is contained in this monograph. Please take a few minutes to complete the form and send it to me at the address on the questionnaire. Your input is important, and we promise that it will be used.

C. Michael Nelson,
Chairperson,
Publications Committee

EVALUATION FORM

TEACHING: Behaviorally Disordered Youth

I am a member of CCBD. ☐ Yes ☐ No

Current position:

- ☐ elementary teacher
- ☐ secondary teacher
- ☐ administrator
- ☐ student
- ☐ teacher trainer
- ☐ other

Please answer each question by circling a number from 1 (strongly disagree) to 5 (strongly agree).

1. "A Classroom-based curriculum validation process for teaching the behaviorally disordered" by Gable, Hendrickson, & Mercer

	(SD)				(SA)
I found this article interesting:	1	2	3	4	5
useful:	1	2	3	4	5
well written:	1	2	3	4	5

2. "A.M. Club" by Anderson

	(SD)				(SA)
I found this article interesting:	1	2	3	4	5
useful:	1	2	3	4	5
well written:	1	2	3	4	5

3. "Paradoxical interventions: Strategies for the resistant adolescent" by Simon & Vetter-Zemitzsch

	(SD)				(SA)
I found this article interesting:	1	2	3	4	5
useful:	1	2	3	4	5
well written:	1	2	3	4	5

4. "Use of verbal mediation procedures to reduce talking-out behaviors" by Morrow & Morrow

	(SD)				(SA)
I found this article interesting:	1	2	3	4	5
useful:	1	2	3	4	5
well written:	1	2	3	4	5

5. "Parents as partners: Developing parent support groups" by Phillips

	(SD)				(SA)
I found this article interesting:	1	2	3	4	5
useful:	1	2	3	4	5
well written:	1	2	3	4	5

I would like to see *TEACHING: Behaviorally Disordered Youth* continue. ☐ Yes ☐ No

Suggestions for topics or contributors: _____

_____

Please send completed form to:

C. Michael Nelson
Department of Special Education
University of Kentucky
Lexington, KY 40506

BEHAVIORAL DISORDERS

Back Issues Available

The back issues, Volumes 1 through 8 of *Behavioral Disorders* are available in complete sets; these are xerographic reproductions of the originals on 8½ x 11 paper. Price of the complete set is $15.00 plus 10% shipping and handling. These back issues are an excellent supplement to classroom tests or as an addition to your library. Many issues are thematic in nature and provide in-depth coverage of relevant topics. Also available are individual copies of the journals making up Volumes 9 and 10 at $5.00 each.

___ Complete Set (Volumes 1-8)

___ 10:4 (8/85) ___ 9:4 (8/84)
___ 10:3 (5/85) ___ 9:3 (5/84)
___ 10:2 (2/85) ___ 9:2 (2/84)
___ 10:1 (11/84) ___ 9:1 (11/83)

MONOGRAPHS

Dealing with Severe Behavior Disorders in Children and Youth

This special series of monographs is designed to present current theory, research, and practice relative to the education and treatment of children and youth with severe behavior disorders; published by the Council for Children with Behavioral Disorders to supplement their quarterly journal *Behavioral Disorders*, the series represents a significant contribution to the literature on autism, juvenile delinquency, and severe behavior problems in the schools.

Complete Set Available for $42.00

___ Series #1: Severe Behavioral Disorders of Children and Youth, Summer 1978, **$8.00**
___ Series #2: Severe Behavioral Disorders of Children and Youth, Summer 1979, **$8.00**
___ Series #3: Severe Behavioral Disorders of Children and Youth, Summer 1980, **$8.00**
___ Series #4: Severe Behavioral Disorders of Children and Youth, Summer 1981, **$8.00**
___ Series #5: Severe Behavioral Disorders of Children and Youth, Summer 1982, **$8.00**
___ Series #6: Severe Behavioral Disorders of Children and Youth, Summer 1983, **$8.00**
___ Series #7: Severe Behavioral Disorders of Children and Youth, Summer 1984, **$8.00**
___ **Series #8: Severe Behavioral Disorders of Children and Youth, Summer 1985, $8.00**

(A special reduced rate of $5.00 is available for orders of 10 or more copies of a single issue)

BOOKS

Dealing with Secondary Behavior Disorders

Both Volumes Available for $15.00

Programming for Adolescents with Behavioral Disorders, Vol. I, edited by Sheldon Braaten, Robert B. Rutherford, and Carol Ann Kardash, and *Programming for Adolescents with Behavior Disorders*, Vol. II, edited by Sheldon Braaten, Robert B. Rutherford, and William Evans, are collections of research and practice articles published by CCBD from the Minnesota and Pensacola Conferences on Programming for the Developmental Needs of Adolescents with Behavior Disorders.

___ *Programming for Adolescents with Behavioral Disorders*, Vol. I, **$8.50**
___ *Programming for Adolescents with Behavioral Disorders*, Vol. II, **$8.50**

Please make checks payable to Council for Children with Behavioral Disorders, and send with order to Robert B. Rutherford, Jr., Ph.D., Editor, *Behavioral Disorders*, 305 Farmer Building, College of Education, Arizona State University, Tempe, Arizona 85287.

Add 10% for shipping and handling.

Total Enclosed $ _____

Name _____

Address _____

_____

BEST COPY AVAILABLE